

SENAD Community Limited

SENAD Community Limited - Derby

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

SENAD Community Limited - Derby provides care and support to children and adults diagnosed with learning disabilities, autistic spectrum disorders, brain injuries and mental health needs living in their own homes. At the time of the inspection they were supporting 36 children and adults locally and in other towns and cities.

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

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

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

The service was exceptional in placing children, people with a learning disability, autism, mental health difficulties and associated complex needs at the heart of the service. It had a strong ethos of providing high-quality and outstanding person-centred care. The management team and staff understood and shared the provider's values.

The service promoted people's safety, wellbeing and happiness as the top priorities. Effective children and adults safeguarding systems were in place and staff were trained in this area. Comprehensive risk assessments were in place. These were reviewed on an ongoing basis and staff had clear guidance to follow to support people in a safe way, whilst encouraging positive risk taking to promote self-awareness and independence.

Staff recruitment was central to meeting people's individual needs. People and their relatives were encouraged to be take part in the process to recruit the right staff. This process was robust and ensured individual requirements were met. People were supported by an exceptionally dedicated staff team who understood their needs, had similar interests and upheld the provider's values. Staff were given time to get to know the individual and to build a relationship based on trust and honesty. This promoted continuity and person-centred care as people developed positive trusting relationships with the staff team.

The staff induction and training programme was comprehensive and tailored around the specific needs of the person they supported and met individual leaning needs. People were supported by very well-trained staff who were supported by a 24-hours management support team to respond quickly to any care

emergencies.

People received exceptionally good care because they, their relatives and professionals where required were involved in the assessment and care planning process. Assessments were very comprehensive and covered in detail support needs in all aspects of people's lives including their current needs, lifestyle choices and aspirations. These were reviewed and updated on an ongoing basis to ensure changes to people's needs were communicated with staff to promote their wellbeing and independence.

People were supported with all aspects of their health care needs. Staff were trained to support people with their medicines. Where people desired to manage their medicines staff provided the support, guidance and encouragement as required until this was achieved. Staff worked in partnership with other community professionals to provide 'joined up care' to people. This was important for people who needed to access different health care services on a regular basis. Care plans included guidance and advice provided by health professionals to enable staff to support people in an effective and consistent way to promote wellness. This demonstrated the service embraced innovation and learning to improve people's care experiences.

Everyone we spoke with said how passionate the staff and management team were about providing outstanding person-centred care to people when they needed it. They all commented positively about the effectiveness and responsiveness of the support people received. People and relatives thought of their support workers as being like friends or family members who were highly compassionate, caring and flexible. People had achieved excellent care outcomes and feedback from relatives and professionals supported this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff empowered people to make informed decisions and enabled them to maintain control and achieve their goals and independence.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and to gain new skills and become more independent.

The provider's values were reflected in the way staff interacted with everyone and how they supported people. There was a positive, open and inclusive culture within the service. People received exceptionally personalised care and support, which met their needs, respected their preferences and lifestyles and promoted their independence and wellbeing. People felt they mattered. For example, innovative steps were taken to ensure people's communication needs were identified and met. Staff received training around specific communication techniques to reduce communication barriers.

Staff roles and responsibilities were clear. Staff were supported and encouraged to use creative and individualised methods to support people to achieve their personal goals. Staff were valued for their contribution. They worked with people, relatives and professionals to continuously enhance people's quality of life and experiences. Management and staff listened to suggestions and acted on concerns and complaints. All feedback including complaints was used to continually improve the service.

The provider had comprehensive and robust quality monitoring systems and processes in place. Technology was used to identify and affect change to improve the service. People, relatives, staff and

professionals views were sought about the service and they were encouraged to comment on new initiatives. The provider and management team worked with other regulators and national organisations to review best practice guidance and training for staff working in this sector. This meant they influenced strategies to improve the care for children and people with a learning disability, autism, mental health difficulties and associated complex needs.

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

Rating at last inspection

The last rating for this service was good (published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SENAD Community Living - Derby on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

SENAD Community Limited

- Derby

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

This inspection was carried out by one inspector.

Service and service type

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. The inspection started on 10 December 2019 and ended on 11 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four staff from the local authority who supported people who use the service and a team manager. We spoke with eight members of staff. They included the registered manager, business development manager, team leader, senior operations manager, a trainer and two support workers. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, internal and external quality reports and evidence of studies that demonstrated the outstanding person-centred care provided to people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe with the staff. One person said, "I am happy with my support worker and feel totally safe with [support worker]." Relatives had high praise for staff. One relative said, "I'm really appreciative of the care [person] receives, I know [person] is in safe hands." Another said, "[Person] is happy, safe, more confident and that gives us peace of mind."
- Staff training, and supervision successfully promoted an adult and child-centred approach to safeguarding. Staff demonstrated they knew what abuse looked like and the safeguarding risks were individual to each adult or child. One staff member said, "I know [registered manager] takes every concern seriously and makes sure people's safety comes first." Staff were encouraged to be safeguarding champions to promote and challenge unsafe practices. This meant those staff would have excellent knowledge and skills in how to recognise abuse and would be a source of information and support for their colleagues.
- The provider had good safeguarding procedures and information available to all in easy-read, pictorial format and electronic formats. The procedures were linked with the local authority safeguarding arrangements. Information about local advocacy services was included should people need support to report concerns. Records showed the provider reported safeguarding concerns as required to the relevant agencies.
- Staff knew how to use the whistleblowing procedures and were confident that the provider and external agencies would act on abuse.

Assessing risk, safety monitoring and management

- People and relatives said staff knew how to minimise risk. One person said their support worker helped them to understand risks and how they would be supported. Staff supported people with positive risk taking to promote self-awareness and independence.
- A relative told us the needs assessment was completed at times that suited their family member. And they said, "[Staff named] asked questions about risk related to [person]. They wanted to know about how best to support [person], their interests, managing risks, what upsets them and their goals and aspirations. This process was very professional, [staff named] listened and made me feel [they] understood [person]."
- Risks assessments were very comprehensive. They were reviewed and updated quickly if there had been any changes to people's needs or any incidents. There was clear guidance for staff to follow to promote positive risk taking, such as road safety. Referrals to professionals for support and advice was made in a very timely manner to promote people's safety. These changes were communicated with the relevant staff to ensure they supported the person appropriately.
- Staff knew people's individual risks, how they liked to be supported and were confident in their own ability and to follow the care plan to keep them safe. Staff were confident to use the 24-hour on-call support team for advice in an emergency.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with people who used the service. Staff records contained evidence of a Disclosure and Barring Service (DBS) check and appropriate references were obtained. Existing staff's DBS status was checked periodically to ensure they remained suitable to work with adults and children.
- Each person was given information telling them which staff member to expect and at what time. We received positive comments about the staff, their reliability and punctuality. A relative said, "We were involved in recruiting the staff to make sure they were right for [person]."
- Commissioners told us the service ensured the staff team were suitably matched with people. This ensured people's needs were met reliably by staff who they trusted, shared similar interests and made sure risks were managed.
- The service had enough skilled and competent staff to ensure people's needs were met. People and their relatives were involved in the process to recruit staff to meet people's specific requirements as the service support people in different regions. One staff member said, "We have a stable team of about ten staff who support two people. We are all so different, one staff member can make [person] laugh whilst someone else is good at supporting someone emotionally."

Using medicines safely

- People continued to receive support with their medicines in a safe way. One person said, "[Staff] just remind me when I need to take my tablets. I know I need to take them for my health." Another person said, "I know why I have to take the tablets and if I don't then I might be ill again."
- People had personalised medicines care plans, which set out how they wanted their medicines administered to them. People were involved in the review of their medicines care plan to ensure the level of support enable them to be as independent as possible.
- Staff who administered medicines had up-to-date medicines training and had their competency checked to ensure they followed the medicines policy and procedures. Regular medicines records audits took place to ensure staff consistently followed the providers medicines policy.

Preventing and controlling infection

- People continued to be protected from the risk of contracting and spreading of infections. People and relatives told us staff used protective equipment when they support them with specific tasks.
- The provider had policies in place to support good infection control practices. Staff used correct hand-washing techniques and wore disposable protective equipment. Staff practices were checked to ensure infection control procedures were followed.

Learning lessons when things go wrong

- People and staff told us they could contact the office or on call person at any time for advice and assistance in an emergency.
- Staff knew how to report incidents and accidents that occurred. Care plans provided staff with detailed information as to the action to take in the event of a medical emergency and included the contact details of relevant people and professionals who should be informed.
- The provider's electronic incident and accident database was used effectively to monitor these events. The registered manager investigated the root causes of incidents and took actions to prevent a reoccurrence. When required information was shared with relevant professionals and staff were informed of any changes to how people were to be supported and their care plans were updated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People, their relatives and commissioners told us staff were very knowledgeable and well trained. Where possible people and their relatives were involved in the staff recruitment process to ensure staff had compatible interests, qualities and necessary skills. They said, "Last week there was a training session for staff on [specific communication], which I attended. It was really good and told me this company makes sure staff get the training they need to support [person]." Other relatives also gave examples of how staff had applied their learning effectively, which led to good outcomes in meeting their family member's lifestyle choices and improved quality of life.
- Staff felt valued and supported to achieve their full potential. All staff were required to complete a comprehensive induction and their practice was checked before they could support people. Staff completed training specifically tailored around the needs of the person they cared for and supported their individual learning needs. A staff member said, "The training is brilliant, I'm quite a nervous person so I did shadow shifts, working with different staff on different shifts. I had to read the passport [care plans], it's a big file with everything you need to know about the person from managing risks to what they want to achieve."
- All staff were trained to provide high quality care to children and adults with the most complex needs. Training around positive behaviour support (PBS) was essential to support the complex needs of people. Staff recognised behaviours was a form of communication such as distress, anxiety and they followed the PBS to support the person. The lead trainer in this area told us how PBS data was used to identify patterns of behaviours to help staff to recognise and provide appropriate support. For example, the data identified when a person wanted more control over aspects of their lives and support to make decisions.
- Staff were encouraged to be 'champions in care' and they were recognised for their contribution. There was a proactive approach to staff supervisions and appraisals. Staff received regular meaningful supervisions where their skills were recognised, their practice reviewed, and personal development opportunities were discussed.
- Positive feedback was received from commissioners about the comprehensive training programme completed by staff to meet the complex needs of children and people.

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

- People received exceptionally good care and support because staff knew their needs very well. People had confidence in the staff who understood them as an individual, recognised changes and were confident staff would respect their wishes.
- The service worked in partnership with professionals to ensure high quality assessments were completed. Assessments were reflective of the current guidance and best practice related to supporting children and

adults with a learning disability and autism, and the national clinical guidance for excellence. Assessments were completed over a period of time and took place in different settings to suit the individual. This ensured the transition was planned and was highly influenced by the individual and at their pace.

- The service placed high importance in how they involved people and their relatives in the assessments and bespoke care planning processes. People and their relatives had described what their preferred care outcomes looked like and ensured these were reflected in their care plans to enable staff to make these a reality. The assessments were very comprehensive and captured information about people's earlier life, their current needs and future goals and aspirations. The transition of the package of care and support was planned around individual requirements and people's ability to adjust to the changes.
- Staff had access to detailed information about people's holistic needs and worked with the person in a person-centred way to meet their needs. Care plans were updated as individual goals were achieved and new goals were identified.
- The care and support was delivered in a non-discriminatory way that respected people's individual diverse needs. Staff promoted a positive approach how they provided high quality person-centred care. People's individual lifestyle choices, sexuality, culture and faith was respected by staff and reflected in their care plans. As people's wishes were known or their beliefs had changed their care plans were also updated to reflect this.

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

- We received very positive feedback about the support people received to plan and cook their own meals. One person told us they trusted their support workers who gave them confidence and encouragement to make healthier food choices. This had improved their overall physical health and mental wellbeing. Another person said, "[Staff] help me to cook my own meals. I have to plan the shopping and I need some help with [managing] money." A relative said, "[Person] eats well. They use the [brand of diet] cook book to plan their meals. They have a menu plan for the week, go shopping for the ingredients and staff help them to cook. [Person] eats salads and vegetable curries. I've even had to asked [name] for the recipes it's that good."
- The service embraced different cultural, religious and ethical issues around people's choice of food to make sure their wishes were respected. Staff supported a person to learn about healthy eating and to follow a good exercise regime to help them to lose some weight.
- Staff demonstrated a good insight about people's dietary needs and preferences. Where people had special diets, their care plans provided information for staff to ensure these needs were met. For example, where a person required a high fibre diet to maintain good health the care plan provided staff with information about the type of foods to be encouraged. The person's relative confirmed staff fully supported the person with their dietary needs.

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

- The management and staff were committed to working collaboratively with external agencies and professionals to provide joined-up care and support to people. This was established at the earliest possible stage to ensure the arrangements met people's circumstances and preferences. Commissioners we spoke with confirmed this to be the case. They gave examples of the positive impact made to people's quality of life as a result of the staffs' consistent approach and interventions.
- Relatives shared examples and experience of how staff worked in partnership with professionals in an effective way to promote good outcomes for people. One relative said, "Without SENAD's support [person] would still be left in confinement because [professionals] were [not able to affect change with support workers]."

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

- People were exceptionally well supported to live healthier lives and to access to healthcare

services as needed. One person said, "I couldn't see properly but didn't know that. [Staff] suggested an eye test. I can see now. I chose my own glasses." A relative said, "Staff make sure [name] attends appointments. Staff managed to get [name] a GP appointment quicker than me. [Name] has a hospital passport which tells the GP what they need to know."

- Staff always supported people to access health services and followed instructions given by health professionals. Staff gave examples of how they empowered people to make choices about their health and how it should be monitored and managed. Decisions made about how people's health needs were met and included the treatment required in case of a medical emergency was documented in their health action plan. This was reviewed and updated after every medical appointment and any changes in their health.
- Staff demonstrated good awareness of people's health needs and how it impacted on their day to day lives. Staff had access to information and specialist training around health conditions. Staff had excellent relations with health and social care professionals and had developed effective strategies to promote good health outcomes for people. Commissioners we spoke with confirmed this to be the case. We were provided with specific examples of the positive outcomes for people which enabled them to live independently with a certain level of support.

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.

- The service continued to work within the principles of the MCA. Staff understood and were very confident in how some decisions were made in people's best interest when people lacked the capacity to fully understand or give their consent.
- People's ability to make informed decisions had been assessed. Where people used electronic devices the options and risks for specific activities were set out clearly and in easy read, if required so they could make informed decisions in their own time. There was evidence of mental capacity assessments when needed and their outcomes. Decision specific assessments were detailed and outlined the options considered and reason for the agreed decisions. People's relatives and relevant professionals and support workers who knew the individual were involved in this process. Where people had restrictions placed on them by the Court of Protection, they were understood and followed by staff.
- People were able to do more things independently or were supported with daily living tasks more comfortably. One person told us they were encouraged and supported by staff to decorate and furnish their home. This process was planned so the person had control and was not overwhelmed. Another person described their early life experiences and how SENAD had supported them to make decisions to be as independent as possible. For example, they told us about the different leisure activities they now did and how they also visited their family with the support of staff.

Is the service caring?

Our findings

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

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

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

- The registered manager promoted a strong, visible person-centred culture and approach to providing high quality care. Staff worked with professionals and other agencies, such as the Police, the prison service, health services, housing and educational services and commissioners to improve people's immediate needs. For example, provided people with a safe place to live and food who would otherwise be homeless.
- People were at the heart of the service whereby the provider's values and commitment was fully understood and implemented. Staff were highly motivated and committed to providing exceptional care. They had built honest and trusting relationships with people they cared for and their relatives. Staff worked in a respectful manner, whereby they promoted equality and celebrated people's diversity and lifestyle choices.
- People, relatives and commissioners were positive about the staff approach and attitude. One person said, "I had problems [anxieties], up and down [mental health heightened] and now I'm calm and happy. My life is so different because of SENAD." Another said, "I know I am one of the lucky ones to be helped by SENAD," as they described how their life had transformed.
- Relatives had high praise for the kindness and the way staff respected their family member's individuality, culture, sexuality and lifestyle. A relative said "A sense of relief knowing that SENAD was the right agency for [person]. They treated [name] as a person, [name] is valued and respected. These values resonate in both [registered manager] and [named staff]." Where people had expressed a faith, staff support them with this and to attend their chosen place of worship.
- Staff demonstrated a genuine empathy towards the people they cared for, which relatives we spoke with confirmed. For example, staff ensured someone with a life limiting illness was supported by staff to visit the family in another town and attend important family events such as a funeral which was important to them. When someone's family support broke down a team of staff provided 24-hour support for two weeks in order for them to remain at home and prevented an unnecessary admission into a hospital or a care home. A relative told us a staff member often drives their family member for regular home visits on their day off.
- A staff member explained the importance of being sensitive when caring for people with difficult relationships with family members, which contributed to their physical and mental wellbeing. One person told us they had a good relationship with their family as staff had helped them with their confidence and developed ways of managing relationships when they became difficult.

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

- The service was exceptional at helping people to express their views so that staff and managers at all levels understand their views, preferences, wishes and choices. Staff used innovative and creative ways to

communicate with each person using the service which included technology and communication devices.

- People and their relatives were involved in all aspects of decision-making about their care and support and the staff team who would support them. A relative felt the staff member's approach was professional and friendly and said, "[Staff name] just got [person], [they] walked in smiling, laughing and joking and [person] instantly clicked with [staff] and joined in." The relative told us their family member openly spoke about their wishes, aspirations and fears which showed they felt comfortable and confident their wishes would be respected. Management staff gave examples of the creative ways they gathered information about people's needs. For instance, they had several meetings in different settings to suit the individual. Staff helped people to explore their individual tensions and find ways to overcome their fears.
- Care plans were exceptionally comprehensive. They reflected people's personal histories, personalities and decisions about their care, goals and aspirations. Staff recognised that people's wishes changed and evolved over time, which meant care plans were constantly being updated as new information was learnt. Staff encouraged people to develop new interests and set personal goals if they wanted to.
- A commissioner said, "SENAD has been ideal for [person], totally person-centred care. The staff understand what is expected of them and seem to bring out the best out in [people]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was at the heart of the service's values. Staff gave examples of how they embedded these practices in everything they did. For example, the language and terminology used to address and offer praise to promote people's dignity and self-worth. People felt respected and listened to. Staff recognised when someone experienced distress and knew how to support them to avoid any negative impact on their wellbeing. For example, people were offered advocacy support for instance to explore how they could improve relationships and communication with family.
- There was an attitude of respect and inclusion within the service. People and relatives told us staff made them feel welcome and valued. Comments received demonstrated staff saw the potential in people to live as independently as possible and to enjoy positive life experiences.
- People told us they were encouraged to be as independent as possible and staff went out of their way to promote this. For example, a person was contacted at the same time every night to remind them to take their medicines. This continued for up to six months until the person felt confident and safe to take their medicines without being prompted.
- People's confidentiality was always respected. Staff understood the boundaries of confidentiality and worked within these, especially when people received support from different providers to minimise risks to privacy and confidentiality. The service complied with data protection law and ensured people's confidential information was kept securely.

Is the service responsive?

Our findings

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

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

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

- People felt empowered, listened to and valued as a result. People and their relatives were involved in the staff recruitment process to ensure staff not only had the necessary skills required but had compatible personalities and similar interests. For one person it resulted in them being able to compete at a national sporting competition.
- Management and staff used innovative ways to involve people and their relatives to develop their care plan, which were based on the assessment of their needs. These were reviewed on ongoing basis as people's needs changed. A relative said "[Name] is their own person making decisions about their life and what [they] wants to do. [Name] is supported by a team of good reliable staff who knows them well." Feedback from commissioners confirmed staff provided person-centred care and support which led to exceptional results for people.
- Care plans were very comprehensive and reflected how people wished to be supported, their preferences and goals. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs and the agreed outcome and goals they wanted to achieve.
- Staff promoted positive behaviour support (PBS). Staff had the opportunity to learn, reflect on their practice and develop their skills as people's needs changed. For example, the management team used the PBS data to confirm people experienced positive outcomes. Where outcomes were not achieved the risk management plan and PBS was reviewed and updated.
- People were respected by staff who went the extra mile to promote equality and diversity and ensure people were not discriminated against. For example, it was important for one person to have a preferred gender of staff for specific care and support needs. This person felt valued and listened to, and knew they could make changes or updates when they wanted to.

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.

- The service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard.
- The assessments identified the specific communication needs of each person and care plan described the level of support required. The staff member who carried out assessments explained the body language and non-verbal communication methods used by the person. Relatives told us they had given specific examples

of their family member's identifiable behaviour and what this meant. For example, a person disengaged by pulling the hood of their top over their head. This action signalled to staff to stop the topic of conversation and give the person some time alone.

- Information was accessible to people in formats that they could understand, such as easy read, pictorial and large print. For example, a person was provided with a visual weekly timetable which gave them focus and guidance to achieve their personal goals. Technology was used effectively, for example, a person received and reviewed their care plan on an electronic device. They communicated with staff using applications on the devices.
- Staff skills mix was considered when people were referred to the service. Staff received specific communication training to reduce communication barriers.

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

- Staff knew the people they cared for very well. People gave examples of how their life had changed for the better, enjoyed different life experiences, developed new interests and friendships. People took part of range of activities. A relative said, "We wanted [name] to be more visible in the community and [name] is. We expect to see [name] out and about. People often tell us they've seen [name] and with [their friend] in the community."
- People and relatives told us that staff had excellent skills and understanding of people's needs. Staff described how they supported a person and their care plan showed the reduction in support as the person gained confidence to complete care tasks.
- Staff knew how to promote people's wellbeing, so they could live as full a life as possible. Staff established what people had done in relation to their past education and employment, and helped them to identify their future goals. For example, a person wanted to live more independently, and a plan was developed to enable them to do so which set out the different household tasks required to be completed including payment of bills. Young people were supported to attend college and had secured voluntary work placements.
- The service used innovative methods to support people. We were provided with examples demonstrated the impact of SENAD had made on people's quality of life. For example, a person enjoyed watching [sport], so staff encouraged them to attend a local club. This person felt part of the local community, their memory had improved as they spoke about club members and described techniques used. This meaningful activity made a positive impact on their wellbeing and a notable reduction in the person's anxiety. Very good staffing numbers enabled them to be flexible and responsive to people's needs. For example, people were supported to shop for groceries or go to restaurants at times when it was not too crowded or noisy. This showed the service followed best practice guidance when supporting children and people with learning disability and autism.
- People had maintained relationships with family and made new friends. The service ensured links with the local community services, resources and support networks were encouraged and maintained. For example, with youth clubs and homeless services. Staff told us people were known to the people in the community and felt they were respected by others.

Improving care quality in response to complaints or concerns

- People and relatives were confident that any concerns raised would be addressed. People said they would tell the registered manager or their support worker if they were unhappy. A relative said, "My contact with [registered manager] has been good. She's been responsive to issues and any concerns I've raised." Another said, "[Registered manager] wants to hear about any problems or issues. She says if I don't know about it then I can't fix it."
- The service information given to people included information about how to raise a concern. This was easy

and accessible for people and their relatives. The provider's website encouraged people to give feedback and provided details of advocacy service who they could contact should they need support to complain.

- The complaint procedure was followed. The investigations were comprehensive, and the responses showed the service had acted to address any concerns. When actions taken were, these were shared with relevant professionals and any learning was shared with staff team to avoid any repetition.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service. The service had previously provided this care in conjunction with health care professionals.

- People and their relatives were supported to discuss their wishes at the end of their lives when they felt ready to talk about the subject. Where decisions were made their wishes and any spiritual needs were recorded in their care plan along with any advanced decisions, such as if they wished to remain at home or go to hospital for treatment.

- The management team and staff had received training in this area. Staff spoke about their role and understood how important it was to people and their families.

Is the service well-led?

Our findings

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

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

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

- The provider had a clear set of values that supported the vision and culture of the service. Staff understood these values which 'focused on doing the right things to improve the wellbeing of people for whom we care for' and showed a clear commitment to deliver this.
- The management team and staff were highly motivated and committed to providing high quality and person-centred care that enhanced the lives of children and adults who used the service. Staff were supported with ongoing learning and used strategies to promote a positive impact on the outcomes for people. A specialist trainer explained the benefits of the live system used to monitor risks, effectiveness of positive behaviour support (PBS). People were at the heart of the service and the provider and staff continually strived to provide the very best care they could. The staff team were selected solely for the individual and the support was built around them. There was attention to detail to ensure people were comfortable, safe and led active and fulfilling lives based on what was important to them. This resulted in positive outcomes for people in both their physical health and wellbeing.
- The leadership and culture within the service promoted openness, fairness and transparency. Without exception, people, relatives and professionals gave us very positive feedback about the exemplary care provided by SENAD. Relatives told us they would not hesitate to recommend the service to others. A relative said, "[Name] is due to move to the shared house soon and so everyone can start a new chapter that's positive for [Name]." A commissioner said, "Service had given fantastic support to [person]. The most challenging of people's needs have been met by SENAD."
- People, relatives and professionals were exceptionally positive and complimentary about how the service was managed, as well as the staff support to provide excellent care. A relative described the registered manager and staff as "Exceptional people, I never thought people in care would go out of their way to make such a difference to [person]."
- Staff were highly motivated and proud to work for the service. There was a strong sense of equality and inclusion across the staff team and high levels of satisfaction where staff felt they made a real difference to people's lives.

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

- The registered manager met their legal responsibilities and had notified the Care Quality Commission of serious incidents as required and had displayed service's previous inspection rating in line with regulations.
- The provider and registered manager understood their responsibility with regards to information sharing

requirements when concerns were identified and the duty of candour. They were open and honest when things go wrong. For example, all incidents were investigated to identify the root cause, and this was mapped alongside the incident reporting system and staff skill mix. This helped to identify any learning, so action could be taken. We saw evidence of learning from the findings of their audits and improvements, which had been made.

- The management team had weekly meetings to discuss events during the week. When required urgent meetings took place with relevant staff, people's relatives and professionals to find a resolution in response to an incident or changes to needs. These meetings were viewed as a positive and constructive way to provide continuous support to all children and adults using the service when they need it most.

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

- Staff were happy in their role and without exception, they all said they felt valued and respected as the 'SENAD team'. A staff member said, "The management team is excellent and faultless. There's always someone on the end of the phone 24/7 to help you and they come out if you want them." Staff had positive attributes and applied the provider's values in their work that promoted positive outcomes for children and people.

- There was good evidence of staff and management team working well as a team. Effective communication enabled staff to do their jobs well. Everyone understood their role, responsibilities and recognised they were accountable for actions.

- The provider recognised the importance of good staff recruitment and staff retention. The provider's commitment to invest the training and support for staff was evident. Career progression opportunities within SENAD and training to develop the skills required for new roles and responsibilities. A staff member who had benefited from such an opportunity told us they continued working for SENAD which was a job they loved. An incentive system helped to motivate staff to always support people the best way they could. They have an apprentice scheme, which gave people the opportunity to gather experience of working within the office.

- The provider had robust quality performance management systems to assess and monitor quality of care and drive improvements. These were linked to the best practice guidance around delivering high quality care. The service received and acted on updates and alerts in relation to risks and performance. Systematic checks and audits were carried out on people's care records, staff practices, competency and training, and feedback from people who used the service and their relatives. The provider representative carried out internal audits and monitored the progress of improvements and new initiatives. Since the service was last inspected the level of detail in the personalisation of care plans was impressive. Staff ensured people had every opportunity to review their care plans and further enhance their quality of life and experiences.

- The provider had commissioned an independent assessor to carry out a full audit on the service. The report was very positive and recognised some outstanding elements of provision of care. Positive feedback was received from the local authority who monitors the quality of care for the people they have responsibility for. This evidence showed good partnership working and supported our findings that the service had exceptional governance and quality systems in place.

- The provider's policies, procedures, and business continuity plan ensured the service delivery would not be interrupted by any unforeseen events.

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

- People felt fully involved in their care and the running of the service. We were told about the innovative ways the service involved people and staff to develop and improve the provision and delivery of care. For example, people were offered an opportunity to be part of a co-production workshop to refine and develop

the course content for managing challenging behaviours and autism awareness. The registered manager described this as a 'game changer' as the person was recognised nationally for their valuable contribution and was supported to become a 'train the trainer'. This enable the person to be actively involved in delivering staff training.

- The service recognised and respected people's lifestyle choices, sexuality and spiritual needs. Staff knowledge around equality and diversity was developed and they were encouraged to discuss such topics in confidence when needed.
- Newsletters were used to keep people, relatives and staff informed about a wide range of things including social events and celebrations which they could take part in and new developments. The service promoted local, national and global events.
- The service sought people's views individually, through review meetings and surveys. Relatives told us they had completed surveys and any suggestions for improvements were acted on. For example, information was presented to enable a person to follow instructions.
- People, relatives and commissioners were encouraged to visit the office and meet the management team. We met with commissioners and some people who were supported by staff. The people told us they liked to visit the office as they felt part of SENAD and enjoyed the time spent with the management team. This showed the service promoted a positive and inclusive approach, whereby people who used the service, relatives and staff were equal partners.

Continuous learning and improving care; Working in partnership with others

- Feedback from people, relatives and staff described the registered manager as being, "approachable, supportive and responsive."
- The registered manager was committed to continuous learning and improvement. They worked with peers who were regulated by Ofsted and external bodies such as the mental health charities.
- The provider was very much involved with local and national care forums because they had an interest in achieving good care outcomes for people using care services. They attended conferences in their aim to develop the service and provided excellent care outcomes for people. For example, the registered manager was involved in the review of best practice guidance and consultation around the health and social care for people with learning disability and autism.
- Commissioners described SENAD's approach, ethos and practice as an exemplary service. The management team attended meetings with commissioners to speak about how SENAD consistently provided excellent care to people who would otherwise never have control or make decisions about their life and experience what living independently would feel like.