

## Serenity Care - Support Ltd

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### Inspection report

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20 August 2018

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 14 and 20 August. Both days were announced to make sure someone would be available. This is the first inspection the service has received since registering in April 2017.

We completed a comprehensive inspection. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, the service was supporting 23 people with a personal care 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staffs competency was assessed before they worked with people. Staff, people and their relatives told us they could speak to the registered manager if they had any concerns. The registered manager carried out formal supervisions and visual observations. We saw staff received an annual appraisal. We saw staff meetings were in place and attended well by staff.

The service sent out questionnaires to people, however the service was considering ways to receive this feedback more effectively from people and their relatives.

People told us they felt safe with the care and support they received from staff. Staff were aware of safeguarding procedures and how to follow these. Staff had completed an induction and were allocated to support people in relation to their care and cultural needs. The registered manager told us normally three staff were allocated to one person for consistency.

Staff were sufficiently trained and knowledgeable about their roles and responsibilities.

People told us they were supported to eat and drink healthy home cooked food. Staff supported them to healthcare appointments and provided personal care as required to meet people's needs.

Medicines were managed, stored and administered safely.

There was a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. There had been no complaints, however there were many compliments.

Accidents and incidents were recorded. There had only been two accidents which had been dealt with appropriately.

There were systems in place to assess and monitor the quality of the service. Staff said there were good

leadership within the service which promoted an open culture.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe.

There were robust recruitment practices in place.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions, appraisals and practice observations.

People were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

All the people we spoke with told us staff spoke to them in a kind and respectful manner.

People's relatives told us they felt their family members were being well cared for.

People were involved in making decisions about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place at the service and people and their relatives were involved in these.

People said the registered manager and staff listened and dealt with any concerns or complaints.

## Is the service well-led?

Good 

The service was well led

Staff and people told us the service was well led.

There was a registered manager in post at the time of our inspection who had systems in place to check and improve the service.

The home had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

# Serenity Care - Support 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.

Our comprehensive inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in the office to speak with us. Inspection activity began on 14 August 2018 when we called people who used the service, relatives and staff by telephone. We attended the office on 20 August 2018. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed the information we held about the service, and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority, safeguarding teams and Police to ask if they held any information about the service. We did not receive any information of concern.

We sent a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people and four people's relatives by telephone, and four members of staff. We visited the office and spoke with the registered manager, service manager and a volunteer. We looked at four people's care records including medicines administration records and daily notes, three recruitment files and other documentation relating to the running of the service.

# Is the service safe?

## Our findings

People we spoke to told us they felt safe. One person said, "I am happy with the care I receive, I feel safe knowing the carers are coming in." Another person said, "Yes I feel safe, why shouldn't I."

Recruitment procedures were in place and the required checks were undertaken before staff could work for the agency. All staff had been checked with the Disclosure and Barring Service (DBS). Staff undertook an induction programme which was in line with nationally recognised induction standards. Staff also shadowed senior staff and attended all mandatory training before working alone with people at the agency.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. We spoke to staff who told us they felt there were enough staff in place to be able to support people in their home. People and their relatives told us there was enough staff to meet their needs. One person said, "Yes they're always on time, they're very happy." People told us staff wore gloves when providing care.

Staff were knowledgeable about safeguarding and how to recognise and respond to abuse. Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and through speaking to staff. One member of staff told us, "If I thought anything was untoward at all I would not hesitate to speak to my manager."

People who told us that their carers gave them their medication were happy with this. We saw staff clearly understood the importance of medication routines. Where people were supported with medicines, staff had good knowledge on how to safely administer medicine to them.

Staff could tell us about people's medication and any side effects which could occur. This meant medicine management was robust. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. They told us they would contact the office for further advice if someone persistently refused to take medication. All the people we spoke with who had support with medication told us there were no concerns or mistakes and they received these on time.

We saw risk assessments were completed, effective and up to date to assess any risks to a person using the service and for staff who were supporting them. Risk assessments were in place around moving and handling of people in their home and whether two staff were needed to support the person. We also saw environmental risk assessments. We spoke to the registered manager about the importance of ensuring these were dated and signed.

We saw accidents and incidents were appropriately recorded. These were reported so that appropriate action would be taken. This was evidenced through documentation in the office. We spoke to the registered manager who told us they would liaise with all staff in team meetings around any lessons learnt, however there had only been two accidents since the service was registered.

The service was providing the care and support needed to people. There had been no missed calls since the service had become registered in April 2017. We spoke to people who all told us they had never had a call missed. One person said, "If the carers are going to be late the office let us know, this never really happens."



# Is the service effective?

## Our findings

People were supported in their home and in the community by staff that had the knowledge and skills to meet their needs. One person told us, "Yes the carers know what they are doing." Another person said, "They look after me." A third person said, "I only drink tea and they know that's what I like."

We looked at records which showed staff were provided with relevant and up to date training to support them in their roles, including a comprehensive induction which included the Care Certificate. This is a national training standard for people working in care. Other training included equality and diversity, moving and handling, person-centred care and safe medicines handling.

We saw records of regular supervision of staff during their induction, which covered a 12-week period during which new staff shadowed more experienced colleagues. Staff continued to have supervision meetings during their employment, and records showed these conversations covered areas such as concerns about people who used the service, challenges with the role and any additional training staff may wish to have. We saw any required actions were recorded and followed up at subsequent meetings.

Staff were matched to the people they supported according to the needs of the person during induction. Staff we spoke with told us they looked at their own interests and hobbies so that they could support people with the same interests where possible. The registered manager told us they always tried to match carers with people and this worked well.

People were supported at mealtimes with their own choice of food and drinks. People we spoke with told us they were happy with the levels of support given to them regarding preparation and assistance of food and drink. The management team told us they supported people with healthy eating and hot meals in the winter.

People were supported to health care appointments when this was needed. We were told by people using the service and their relatives that most healthcare appointments were made by themselves or their relatives, however staff did support people when required to any appointments needed.

People's care records included all details of their GP, chiropodist and their dentist. The care plan also included any issues around the person's health so that the staff could support them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of mental capacity.

We saw there was a good approach to the gaining and recording of consent, which made clear to people that they could amend or withhold their consent at any time. People signed their care plans and contracts of

care to indicate their consent. No one at the service required any assistive technology. The registered manager told us, " We would assess this when someone came to the service. We do not currently support anyone at the moment who needs this."

## Is the service caring?

### Our findings

People and their relatives told us staff were friendly, helpful and kind. We were told that staff engaged in conversation while completing tasks and listened to people. One person said, "Very professional and friendly." Another person said, "Yes, they are lovely, don't know what I would do without them." One relative told us, "Everyone is so patient and kind. There is some very pleasant banter. They're kind and professional."

People were complimentary about the levels of involvement they had with their care, telling us staff always asked for their permission before care was provided and tried to maintain their independence. One person said, "They see if I can do it myself they don't rush straight in. They ask as well if I need help and say do you want to try do it yourself, they keep you as independent as possible." Another person said, "I have a set time for getting up and my dinner and tea that I have chosen - they ask me and I told them." A relative told us, "They try, they don't pressure him but ask him."

Staff spoke about their clients with genuine affection. All the staff we spoke with told us they liked their job and liked caring for people. One member of staff said, "I treat them how I would treat my parents." People told us staff promoted their privacy and dignity and always asked them before doing anything. One person said, "They always close my curtains before they support me."

Staff said they found the care plans useful and told us they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences.

## Is the service responsive?

### Our findings

People and relatives, we spoke to told us serenity was responsive to people's needs providing appropriate care and giving people choice. People had female/male carers as requested and carers they felt comfortable with.

People were prevented from social isolation as staff supported them to access the community. Staff also supported people in their own homes to do daily activities like cooking, cleaning and supporting people to put on their makeup and do their hair. One relative told us, "We were going out and they did [my relatives] hair, it looked really nice. They do things like that."

Care plans were in place for the people using the service. Care plans showed people's interests and current needs. Care plans we looked at showed where the service had been responsive to people's needs. We spoke to the registered manager who told us, "We have a client who had been quite aggressive due their complex needs." The registered manager looked at matching the person to staff who could support them in and out of the home. This had worked and had a positive impact on the person's behaviour. Another person had been supported to access the garden. This person had refused to go out of their house, however through support and reassurance the registered manager had put this support in place by going out in the garden and was looking at progressing further to support the person to meet people in the local community. The registered manager told us there was no one they provided a service for who needed any of their care plan in an alternative format.

Relatives, we spoke with also told us that they felt fully involved in their relative's care, and felt they would always be listened to if they needed a care package to be reviewed, or amended.

People who use the service and their relatives were aware of the complaints policy. We saw a complaints procedure in place in the office. There had been no complaints. Everyone we spoke with told us they were aware of who to contact if they had any concerns.

We saw many compliments at the service which included, 'Massive thank you, I would give your company a glowing endorsement' and 'We really appreciate the difference you made to [my relatives] care and I can't thank you enough'.

People received care at the times they needed. We spoke to people and their relatives if there had been any missed calls. Everyone we spoke to told us there had been no missed calls.

Staff told us people's diverse needs were met in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation, where applicable. Staff told us they supported people with their faith and some people regularly attended church with the carers.

The service was looking into end of life care and future wishes at the next review with people and their

relatives. The registered manager said." Once you get to know people they feel comfortable with you."

## Is the service well-led?

### Our findings

There was a registered manager in post when we inspected the service.

We received good feedback about the registered manager from everyone we spoke with. One person said, "I would defiantly recommended serenity from what I have seen up to now." Another person said, "Yes she is lovely." All the staff we spoke with told us they felt supported. One member of care staff told us, "Yes, call whenever we need to."

We saw evidence of staff meetings which kept staff informed of any changes or updates. One staff member told us, "We are kept up to date of any changes here." Staff confirmed that they received staff meeting minutes and found them useful in supporting them in their role.

We saw many reviews on the website with everyone stating they would recommend to family and friends. Comments included, 'They provided helpful information and advice and quickly liaised with people to put all requirements in place'. Another comment included, ' This excellent service has provided me with respite and peace of mind knowing [person's name] is receiving first class person centred care'. The registered manager told us they were looking at seeking feedback formally in the future.

We found the registered manager and the service manager had a clear vision for the service, which included maintaining quality by limiting the size of the service. They told us this helped keep the care provision personal and said, "We do not plan on expanding to a big company, we treat people we support like we would our own parents, however we maintain a professional service to people in the community."

The systems in place to monitor quality in the service were often informal, however these reflected the size of the service and the amount of contact the registered manager had with people who used the service and the staff that provided care and support. The registered manager often worked alongside staff to maintain this level of contact.

All safeguarding referrals had been reported to CQC and there had been no whistle blowing concerns.