

N. Notaro Homes Limited

Serenita

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Serenita is a care home providing accommodation and support for people living with mental health problems and the effects of alcohol related brain damage. The support is based on a three step enablement programme supporting people to return to the community. The home is registered to accommodate up to 34 people. During our inspection there were 29 people using the service. The home is situated close to the sea front in the town of Weston Super Mare.

This inspection took place on 06 April 2016 and was unannounced.

There was a registered manager in post. 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.

Care plans provided information about how people wished to be supported and staff were aware of people's individual care needs and preferences. People told us they were involved in their care planning. One of the care plans did not include accurate information. The provider's audit of the service identified some of the care plans needed updating and the registered manager had an action plan in place to address this.

The service had systems to ensure medicines were administered and stored correctly and securely. Medicines records did not always record people's allergies. The registered manager told us they would address this.

People and their relatives were happy with support arrangements provided. People told us they felt safe and were treated with respect. Staff interactions with people were positive and caring.

Systems were in place to protect people from harm and abuse and staff knew how to follow them. Risk assessments had been carried out and they contained guidance for staff on protecting people. There were enough staff available to keep people safe and meet their needs. A recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. There were some gaps in staff training and the registered manager had plans in place to address this. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People were complimentary of the food provided. Where people required specialised diets these were prepared appropriately.

People's rights were protected because the home followed the principles of The Mental Capacity Act 2005 where people lacked capacity to make decisions for themselves.

There were systems in place to receive feedback from people who use the service and staff. The service had not recently requested feedback from relatives. People and relatives were aware of how to raise concerns and they were confident if they raised concerns these would be responded to.

The registered manager and provider had systems in place to monitor the quality of the service. The service had an action plan in place that identified shortfalls in the service and the required improvements.

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 were protected from the risk of abuse because staff were trained and understood how to report it.

People were protected from the risk of abuse because the provider followed safe recruitment procedures.

People's medicines were administered and stored safely.

Risks to people's safety were identified and care plans identified the support people required to minimise risks.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because the correct procedures were followed when people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well.

Is the service responsive?

Good ●

The service was responsive.

One of the care plans did not include accurate information relating to the person's needs. People were involved in developing and reviewing their care plans.

There were systems in place to collate and review feedback from people and the registered manager responded to this. Relative's views on the service had not been recently sought.

People were supported to maintain and develop their independence.

Is the service well-led?

Good ●

The service was well led.

The management promoted an open culture and were visible and accessible to people being supported by the service and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Systems were in place to monitor and improve the quality of the service for people.

Serenita

Detailed findings

Background to this inspection

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

This inspection took place on 06 April 2016 and was unannounced.

The inspection was completed by two adult social care inspectors and a specialist advisor who was a social worker.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who monitor the service provided by the agency.

During the inspection we spoke with six people about their views on the quality of the care and support being provided. We also spoke with the registered manager, deputy manager and eight staff members including a team leader, an activities coordinator, the chef, the administrator and the maintenance person. We looked at documentation relating to three people who used the service, three staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with four relatives and received feedback from two health professionals.

Is the service safe?

Our findings

The service was safe.

All of the people we spoke with told us they felt safe living at Serenita. One person told us, "I feel safe here". Relatives also told us they thought their family members were safe. Comments included, "Yes they are safe" and "I think they are safe, if there were any issues they would tell me".

The service had suitable arrangements in place to ensure people were safe and protected from abuse. The registered manager and staff knew the importance of safeguarding the people they supported. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through the person's body language, their reactions and physical signs such as bruises. They told us this would be reported to the registered manager or senior staff and they were confident it would be dealt with appropriately. They were also aware they could report this to the local authority safeguarding department. One staff member said, "When it comes to the residents it's pretty straightforward, we report it and I am confident the manager would deal with it". Another said, "We report everything". Staff were aware of the provider's safeguarding policy.

The service had a whistleblowing policy and staff told us they were confident to use it. They said they would report concerns to external agencies such as the police or the local authority safeguarding team if required. Staff told us they had received safeguarding training and records confirmed this. We observed posters around the home instructing staff on what action to take if they thought a person was being abused.

People told us they were happy with the way staff supported them with their medicines. One person told us, "The staff help me and I'm happy with that" another commented, "I get my tablets every day". Where people were able to they managed their own medicines. One person told us how one of their goals was working towards self-administering their medicines and they were happy with the support they were receiving from staff. We saw there were risk assessments in place to enable this.

People received medicines from staff who had received training to ensure they were safe to administer them. The registered manager told us of a recent medicine incident. Following this they had held a strategy meeting with the staff team to remind them of the policies and procedures. They also said that they were arranging for all staff to be retrained in medicines and receive further competency assessments.

Medicine administration records (MARs) were accurate and up to date. However we found nine people's MARs did not have their allergies written on them. Which meant this information may not be clearly available to staff. The team leader told us this information was in people's care plan, records confirmed this. We discussed this with the registered manager who told us they would arrange for people's allergies to be recorded on their MARs front sheet alongside their photograph. Medicines were stored securely. We checked the medicines stock for four medicines which were correct. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at three staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work and we saw evidence of this.

Records demonstrated assessments were undertaken to identify risks to people who used the service. The assessments covered areas where people or others could be at risk such as managing their medicines, risk of falls, health conditions, accessing the community, smoking, support with anxiety and activities such as horse riding. The assessments described the 'benefits' to the person for undertaking the task or activity. The staff we spoke with were knowledgeable about the identified risks to people. Most of the risk assessment we looked at included enough information for staff to avoid or reduce the risk. We saw one risk assessment that identified a person could become 'verbally aggressive'; this assessment did not include the triggers that could cause the person to become 'verbally aggressive'. The staff we spoke with were able to tell us what the triggers were. We discussed this with the team leader who told us the information was in the person's care plan. They said the person may have removed this. The deputy manager told us they would ensure this information was recorded in the person's risk assessment.

People told us they thought staff were "Busy" and "Hardworking". Relatives told us there were enough staff available to meet people's needs. Staff told us they thought there were enough staff available to meet people's needs and keep people safe.

We looked at the staff records and discussed staffing levels with the registered manager. The registered manager explained how they had experienced a recent incident in the home where a significant amount of staff were off sick. They said during this time they had arranged to cover shifts with a staffing agency. Staff told us the registered manager worked shifts during this period to cover the home. The registered manager went on to say that people's needs were constantly under review. They said if they felt they were not able to meet a person's needs due to a significant change they would arrange for a placement review to be held with the person and their care manager. They told us, "We keep the home effective by ensuring we support people we can work with, our purpose is to support and promote independence".

The registered manager told us that staffing levels were based on a directive from the provider. They told us their staffing levels were above their required minimum level and if they needed additional staffing this could be accommodated. We looked at the staff rota for the previous four weeks and saw the levels had not dropped below the minimum required. During our inspection we observed there were enough staff available to meet people's needs.

Is the service effective?

Our findings

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff completed an induction when they commenced employment; the registered manager told us they had recently linked their induction to The Care Certificate. The Care Certificate Standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said, "During my induction I felt able to ask questions and the staff member I was shadowing gave me relevant information". Another commented that they thought their induction was, "In depth".

Staff felt they had enough training to keep people safe and meet their needs. Training included core skills training that the provider had identified such as medicines, safeguarding adults from abuse, fire safety, emergency first aid and moving and handling. Staff also received training about alcohol awareness and dementia. We looked at the training records and identified there were some gaps in training for some subjects. For example, alcohol awareness and management of actual or potential aggression (MAPA) training. We noted one person had a specific health condition. The registered manager confirmed only one staff member had received training in this condition. They told us staff had been booked onto the training with the local authority but this had been cancelled. They said that they had rearranged for all staff to receive the training.

The registered manager told us how a recent incident where a significant amount of staff were off sick meant a lot of their training had to be cancelled. They showed us their training plan for 2016 and told us all staff were booked onto the required training.

One staff member told us the dementia training was, "Amazing" they said it was, "One of the best training sessions, really informative and opened your eyes to what it must feel like to live with dementia". Staff told us there were good opportunities for on-going training and for obtaining additional qualifications.

Staff told us they received supervision and appraisal from their supervisors. They told us this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "Supervisions are positive, we talk about my work and learning". Another staff member said, "Supervisions are good, we get feedback saying where we may need improvement". Records demonstrated supervisions were being carried out. We noted there were some long gaps in between some staff member's supervisions; however staff told us they felt supported and able to go to the registered manager for support if required.

The management and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights

protected. One staff member told us, "We don't presume people don't have capacity to make decisions". 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. We checked whether the service was working within the principles of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed the service recorded whether people had the capacity to make decisions about their care.

At the time of the inspection there were four authorisations to restrict a person's liberty under DoLS. We found the home had been following the conditions of the DoLS. The registered manager had made a further three applications to the local authority and was waiting for the outcome of these. They also told us they were in the process of completing seven further applications where required and that they were liaising with the local authority regarding this.

People told us they were happy about the food provided. One person told us, "The food is nice, you can choose what you want". Another person told us they kitchen had been developed and they were producing, "Good food". Relatives told us they thought the food was, "Good".

There were two meal options on offer each day and the cook told us they would cook alternative options if people did not like what was on the menu. They also said feedback relating to food from the residents meeting was feedback to the kitchen and the menus were changed in response to this. The cook had a list of people's allergies and dietary needs available in the kitchen. The cook did not have a list of people's likes and dislikes in the kitchen, they told us this was documented when people moved to the home. They also said people told them what they liked and didn't like and staff were aware of this. Guidelines were in place to ensure people received a diet in line with their needs and staff were aware of these. Where people were at risk of malnutrition this was identified in the kitchen and in people's records, the registered manager had an audit in place to monitor this.

One person expressed frustration around not receiving timely support from health professional services. Staff told us they had been supporting the person to access the service in a timely manner and the person's relative confirmed this. Relatives told us they were happy that their family member received support from health professionals when required. They said they were kept up to date with relevant information. Comments included, "They keep you up to date with appointments" and "Any issues they get the doctor in and get straight onto us".

Records demonstrated people were supported to see their GP, dentist, hospital appointments and the specialist nurse as required. We saw where one person had lost a significant amount of weight the registered manager had requested input from their GP, a dietician and other relevant health professionals. Community professionals told us staff assisted people to medical appointments where required.

Is the service caring?

Our findings

The service was caring.

People and relatives told us they were happy with the care they or their relative received and the way staff treated them. One person told us, "The staff are very nice". Other comments included, "The staff respond in a kind way" and "Staff are very helpful". Relatives told us, "The staff are good, I can't fault them they are very obliging" and "The staff are very good, excellent". We observed staff interacting with people in a friendly and relaxed way and engaged people in positive conversations.

People were supported by staff who knew them. One person told us how the staff, "Understood them". One relative said, "They know [name of family member] very well". Another commented, "The staff take an interest". Staff told us they spent time with people finding out what was important to them. One staff member said, "We get to know people and listen to them". Another commented, "We know people really well, I make it my business to speak with families, find out people's likes and dislikes and build relationships". Staff talked positively about people and were able to explain what was important to them such as their own space, family and activities. Community professionals felt the staff knew the people they were supporting well.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and knocking on people's bedroom doors. One staff member said, "I have empathy and put myself in their position, I make sure I explain what I am doing". Another staff member said, "We respect privacy, we knock on doors and let people do what they can do for themselves". During our inspection we observed staff knocking on people's doors before entering. Staff told us how one person could become anxious whilst they were supporting them with personal care. They told us how they responded to the person by reassuring them and talking them through what they were doing. One of the community professionals told us they observed staff treating people with dignity and respect.

We observed a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, 'I received a very warm reception, the staff are always attentive, caring and friendly'. Another comment stated, 'Very impressed by the warmth and support offered by staff to all residents'.

People informed us they were involved in the assessment and planning of their care. One person told us, "I am at the centre of my care plan, I can ask for help and the staff respond". Another person told us they thought their care was person centred and their needs were understood.

Staff told us how they involved people in making decisions about their care by sitting with them and reviewing their care plans. One staff member told us, "We ask people to sit with us and review their care; they sign the care plan to say they are happy". We saw evidence of people signing their care plans. Where people required support to make decisions relating to their care we saw evidence of Independent Mental Capacity Advocates (IMCAs) being involved. An IMCA is someone who will help support the person to make a

decision, will represent their views and should act in the person's best interests.

Each person who lived at the home had a single occupancy room where they were able to see personal or professional visitors in private. We observed people making choices about where they wished to spend their time during the day. Staff told us how they supported people to follow their spiritual beliefs. They also told us how they supported people to develop and maintain personal relationships. We saw evidence of how staff supported this in people's care plans. The registered manager told us they had recently allocated a staff member to become a 'dignity champion'. They said this involved the staff member acting as role model and discussing relevant issues in team meetings.

Relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative told us, "We can visit whenever we want, we've been there at different times of the day". Another commented, "We can visit at any time there are no restrictions". During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

Is the service responsive?

Our findings

The service was responsive.

Each person had a care plan that was personal to them. One person's care plan included information that was not accurate. For example, the person was identified as having a specific health condition. The care plan included guidelines on how staff should support the person in the event of them becoming unwell which included administering a medicine. We discussed this with the deputy manager who told us the person did not take the medicine and the information should not be in the care plan. The same person had seen a specialist nurse in February 2016 who had written a letter including guidelines about how the person should be supported with medical attention when they were ill. The information in the letter had not been translated into the care plan. One of the staff members we spoke with was aware of the guidelines and another was not. This meant staff may not respond to this person in line with professional guidance because the information was not available in the care plan. We discussed this with the deputy manager told us the care plan would be updated to reflect the guidance.

The other care plans we looked at contained accurate and up to date information. Care plans included information relating to what people could do for themselves and what support was needed from staff. Care plans contained agreements signed by people referring to the guidelines and procedures relating to living in the home and undertaking the enablement programme. Two of the people we spoke with told us how they were being supported to leave the service and receive support in the their own homes. One staff member told us how they had supported a person to develop their life skills and recently move into their own flat. We saw evidence of people being supported to achieve outcomes such as accessing the community independently.

People were involved in developing care plans where they were able to. Two people told us about the aims and objectives in their care plans relating to returning to the community. Care plans included information relating to people's life histories. This included information such as where they were born, their pets, their family, where they studied and their interests. Staff described how they supported and encouraged people to be independent. We observed people making lunch and laying the tables in the dining room in preparation for mealtimes. We observed one person helping out in the kitchen and staff told us the person worked as a 'kitchen porter' for one day a week.

One person told us about the activities they were supported to undertake as part of the enablement programme. They told us they completed their own washing, cooking, managing money and developing independence. Another told us how they had been involved in gardening. Relatives thought there were enough activities on offer. One relative said, "The activities are excellent, they are always going out and [name of relative] goes out shopping everyday". Other comments included, "[name of relative] goes out, they are quite independent and help out with the swimming lessons". We observed the activity coordinator undertaking group activities and one to one sessions with people. These included singing, exercising and looking at photographs. The activities were supported in a 'positive' and 'upbeat' manner.

The activities coordinator showed us records they kept of the activities undertaken by people. The records demonstrated where people had attended and declined activities within the enablement programme they had agreed with. A relative told us their family member had, "Improved such a lot" since moving into Serenita. This meant the records demonstrated people's engagement and motivation in their own enablement process. The registered manager told us how they supported people to engage in local community facilities such as colleges, alcohol support groups and allotment groups.

People and their relatives said they would feel comfortable about making a complaint if they needed to. People were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the registered manager. One relative told us, "If we had a complaint we would talk to [name of manager], they always come out and chat to us". Another commented, "I haven't had any complaints but I am aware of the manager and confident they would look into things".

There had been five complaints received by the service in the past year and these were responded to in line with the provider's complaints policy. There were two complaints outstanding and the registered manager told us they were in the process of investigating these.

People told us they were asked for feedback on the service provided. One person told us how they had made a suggestion through a survey and improvements had been made as a result. Resident's meetings were held to discuss topics relating to the home and for people to give their feedback. We saw records of these meetings and they covered staffing updates, resident updates, encouraging people to give feedback on the service, the environment and feedback from people.

The relative's we spoke with told us they had not been asked recently to give feedback on the service their family members received. The registered manager told us they send out surveys to relatives on an annual basis. They continued to say the surveys had not been sent out in 2015 due to changes in their administration staff. Following our inspection the registered manager said they were in the process of sending out the questionnaires to all relatives and they sent us evidence of completed surveys.

One relative informed us they had been invited to a relatives meeting but were unable to attend. The registered manager told us they arranged relatives meeting twice yearly and that these had not been very well attended in the past. We saw minutes from the meeting in 2015 where general updates regarding the staff and their training were discussed. Also relatives asked questions relating to the service and the registered manager responded to these.

Surveys were undertaken to receive feedback from people using the service quarterly. The survey included people's views on care, activities, laundry, the environment, food and staff attitude. The registered manager reviewed all of the results from the surveys and met with people to discuss their comments where they thought improvements could be made. We saw records of these meetings. We saw in one person's meeting they had identified they would like to go for longer walks. The registered manager had noted an action point for them to discuss this with the activities coordinator and arrange this.

The registered manager showed us a computer programme they had in place to receive feedback from staff. They told us how the feedback was used to improve staff morale and performance and that it ensured staff needs were met. We saw areas covered in the survey included feeling valued, making a difference, motivation and feedback. The survey identified if staff's needs were being met in each area and highlighted any areas of concern. The registered manager told us how they were planning on using supervision and staff meetings to discuss the results with the staff as a way of supporting them and acting on the feedback. We saw the registered manager had reminded staff to complete the survey during a staff meeting.

Is the service well-led?

Our findings

The service was well led.

There was a management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There was a registered manager in post at Serenita. The registered manager told us they kept their skills and knowledge up to date by researching on the internet, attending training and forums. They also told us the company provided updates and guidance on changes in legislation. They told us they felt supported by the organisation and described their senior management support as "Brilliant".

Staff told us the registered manager was approachable and accessible and they felt confident in raising concerns with them. One staff member told us, "You can go to the manager at any time, they are always happy to help". Other comments about the registered manager included, "Their door is open, they are approachable" and "The manager is accessible, you can go to them, they listen and are very good with the staff". The registered manager told us they promoted an "Open door" policy for staff to approach them. They said they always gave "Fair management" and helped the staff as much as possible to promote a "Healthy partnership".

The registered manager told us they spent time with staff observing them informally and giving them feedback to support their development and promote best practice. They told us they had an observation supervision form that they planned on introducing to give staff formal feedback on their performance.

We spoke with the registered manager about their vision for the service and they told us this was, "Promote and support independence". They told us they shared their vision through staff meetings and supervisions, staff confirmed this. Staff told us the vision for the service was, "Help people to live independently" and to "Enable people to be as independent as possible and for them to go home". Two of the people we spoke with told us how they had been supported achieve enough independence to enable them to start receiving support in their own homes.

We looked at staff meeting records which showed meetings were held to address any issues and communicate messages to staff. Items discussed included raising awareness of policies, staff roles, staff updates and encouraging staff to give their feedback. Staff told us they felt able to voice their opinions during staff meetings. Comments included; "You are able to voice your opinion, we are listened to" and "We have staff meetings monthly, everyone has the chance to raise any concerns".

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included the care plans, medicines, weight loss, maintenance and incidents. Whilst the care plan audit did not identify the issues we found with inaccurate information being included other shortfalls were identified and there were action points in place to remedy these. The quality performance manager attended the home every three months to complete a

quality audit. We saw records of the audit completed in March 2016. The audit had identified that not all care plans had been updated and we saw the registered manager had an action plan in place to address this.

All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

The registered manager had an action plan in place detailing improvements they planned to achieve and the person responsible for overseeing each area. Areas covered included; care plans, menus, medicines and recording. We saw that where action points had been achieved this was recorded on the plan.