

Serenity Homecare Limited

# Serenity - Birmingham

## Inspection report

Quayside Tower  
252-260 Broad Street  
Birmingham  
West Midlands  
B1 2HF

Tel: 01216982118

Website: [www.serenityhomecare.co.uk](http://www.serenityhomecare.co.uk)

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13 May 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 12 and 13 May 2016 and was announced. The service is a domiciliary care service that provides personal care to people. At the time of our inspection, there were 44 people using the service. There was a registered manager in place. 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.

People and their relatives told us that the service provided to them was safe. Staff we spoke with were aware of how to raise concerns to protect people from harm.

There were processes in place to assist staff with helping to manage people's risks in relation to people's home environments and use of mobility aids, however relevant guidance about people's healthcare conditions and their associated risks and needs was not routinely available.

We identified some staff timekeeping issues that were being addressed however most people were satisfied with their call times. Records showed that people had not always been protected by suitable pre-employment processes. The management of medicines was not always safe and audits had not identified this.

People told us that staff met their needs. Although staff had access to support in their roles and new staff completed a thorough induction process, not all staff had received basic and up-to-date training for their roles, including training in relation to the Mental Capacity Act and not all staff training had been refreshed.

Staff had been encouraged to support people to make choices. People were supported when required by staff to prepare their meals and to eat and drink enough to maintain good health. People were supported to access healthcare support when necessary.

People were often supported by consistent staff and told us that staff were kind and that they were happy with their care and support. Staff provided examples of how they maintained people's dignity and respected their privacy. People knew how to complain and were regularly asked for their views and feedback about their care.

People, and their relatives as appropriate, were involved in care reviews. People and relatives were encouraged to share their views and feedback on the service through regular care plan reviews, questionnaires and the complaints and compliments process.

People told us that they were happy with their care and staff told us they found the registered manager approachable.

Systems were not always effective or processes followed to keep people safe. The registered provider and manager had failed to respond proactively or fulfil their requirements in relation to safeguarding concerns.

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?

**Requires Improvement** ●

The service was not always safe.

People did not always receive their medicines safely.

Staff were aware of safeguarding procedures and knew what action to take if they suspected people were at risk of harm.

People and relatives felt safe using the service.

### Is the service effective?

**Good** ●

The service was mostly effective.

Staff met people's needs and were supported in their roles, however staff training was not up-to-date.

People were encouraged to exercise their choices.

People had access to healthcare support as required.

### Is the service caring?

**Good** ●

The service was caring.

Most people praised staff and told us that staff were caring.

People were regularly asked for their views and feedback about their care.

Staff provided examples of how they maintained people's privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans were regularly reviewed with people and relatives.

Care plans outlined how people would like to be supported.

People and relatives were encouraged to share their feedback.

**Is the service well-led?**

The service was not always well-led.

Systems were not always robust to assure compliance with procedures was followed to help keep people safe.

People described the registered manager as approachable and they had introduced some improvements.

**Requires Improvement** 

# Serenity - Birmingham

## 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 12 and 13 May 2016 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by one inspector.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. We also referred to information held by the local authorities about the service.

During our inspection, we spoke with six people who used the service and four relatives. We spoke with six members of staff, the registered manager, the registered provider and a training professional. We also reviewed three people's care records, four staff files and records maintained by the service about risk management, staffing, training and quality assurance.

Before the inspection, we asked the provider to complete 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. This was received when we requested it. We took this into account when we planned our inspection and made our judgements in this report.

# Is the service safe?

## Our findings

Some of the people using the service needed help with the management and administration of their medicines. We found that people could not be assured they would receive their medication safely or as prescribed. One relative told us that they had found that not all staff were equipped to support their relative to take medicines, and records confirmed that not all staff had received medicines management training so that they could support people safely.

One staff member described how they supported a person to take their medicines and told us, "They have one certain tablet with a full glass of water before they eat, then I make their breakfast." We found however that staff had not always adhered to the prescriber's instruction about how people were to be supported to take their medicines; in some instances this guidance was not always clearly outlined in people's care plans. One person required their medicines to be taken with food, yet we saw upon reviewing their daily records that this did not consistently happen. This placed the person at risk of receiving their medicines in a way that was not as prescribed. We found that another person had started to receive some prescribed medicine from staff during their evening call, despite this being prescribed to be taken in the morning as detailed in their care plan. In addition to the risk of not getting their medicines as prescribed, the person was at risk of receiving more medication than had been prescribed, if the staff undertaking the next call (the following morning) then administered the medication in line with prescriber's instruction. We raised this with the registered manager who could not explain why the changes had occurred. The registered provider and registered manager told us that another person's medicines changed regularly and they had found it difficult to frequently update records to reflect this and had failed to do so. We saw that records of other people's medicine administration contained many gaps where staff had not signed to indicate that medicines had been given as prescribed. In some instances the records were not completed clearly or accurately. These issues had not been identified or addressed through the auditing processes in place at the service. Following our inspection, the registered provider and manager informed us that they had refreshed their medicines management and auditing processes in light of our findings.

Failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that they felt safe using the service. Staff we spoke with were able to tell us about different types and signs of abuse. Staff told us that if they had any concerns, they would inform the registered manager or provider, and they felt confident that any issues raised would be responded to appropriately. One staff member told us, "The manager is very good at listening to anything of concern." Records showed that staff had received informal safeguarding training. The registered manager told us that this was a concern that they were trying to resolve by providing staff with guidance and trying to secure specific training.

We found that while there were processes in place to help staff effectively manage people's risks, people's care plans contained limited information about their health conditions and medical histories to guide staff. For example, one person's care plan stated that their medical conditions were 'Unknown' although the care

coordinator had advised us that the person had a specific health condition that staff needed to be aware of. The registered manager advised us that it was their intentions to improve the information and guidance available to staff to ensure that they consistently understood people's support needs and risks.

Records indicated that staff responded promptly to accidents, and staff we spoke with described how they would respond appropriately to emergencies and incidents to keep people safe. People who used mobility aids had clear details in their care plans about the maintenance and upkeep of their moving and handling equipment, to help ensure they were using safe and appropriate equipment.

There were detailed and comprehensive risk assessments in place in relation to people's home environments as necessary and we saw that staff were supported to access people's homes safely. Staff we spoke with referred to using gloves and aprons when providing care to minimise the risk of infection and people's daily care notes reflected that staff supported some people to maintain a clean home environment. Some people who used the service were supported by staff with their shopping and we saw that there was a clear process in place for managing people's money safely.

Most people told us that although staff occasionally arrived up to 20 minutes too early or too late for their calls, they had no concerns about this. The registered manager told us that they were trying to improve staff timekeeping and that people and their carers were kept informed if staff were not going to be on time. One person confirmed this and told us, "They always let you know and never let you down." We saw that there were systems in place to deploy staff to a person's home if another staff member became unavailable. One relative told us that when this occasionally happened, they spoke with staff and told us, "We sort it between us."

New staff members completed an induction process and shadowing at the beginning of their employment. Records showed that there was a clear application and interview process in place, however we saw that suitable pre-employment processes had not always been followed. One record we reviewed showed that a staff member's pre-employment reference checks were not completed appropriately. Staff files we sampled showed that DBS checks had been completed in a timely way, however we found that renewals of staff checks through the DBS had not been updated in line with the service's timeframe. The registered manager demonstrated that they had made some improvements to the recruitment process and assured us that they would continue to do so.



## Is the service effective?

### Our findings

People told us that staff met their needs. One person told us, "Staff are very attentive and very conscientious. They go that extra mile." Another person told us, "Whatever I want I ask and they'll do it." One relative told us, "All staff understand what to do and when," and they added that staff had learned more about their relative's needs as they had continued to support them. New staff completed a thorough induction process and shadowing. The registered manager told us that they were relating the content of the staff induction to the Care Certificate, which is a set of minimum care standards that new care staff must cover as part of their induction process. The registered manager told us that they had good communication with staff and regularly provided them with guidance on current social care practice.

Staff we spoke with told us they had enough training and felt supported in their roles and we saw that there were processes so that staff could be guided and their performance monitored. One staff member told us, "We have a meeting every week and if there are any problems, [the registered manager and care coordinator] are at the other end of the phone and will come and see you." Another staff member told us, "I enjoy working for [the service] and feel supported." We saw that unannounced observations of staff performance occasionally took place and staff sometimes received supervision, although neither of these support arrangements were routinely undertaken. Staff said that they received feedback from observations during their supervision and we saw that staff were given action points for improvement where necessary and that this progress was monitored.

The registered manager told us that staff worked through a series of videos as part of their training and that they completed some knowledge tests as part of their training. The registered manager told us that staff had become more open and engaged during staff meetings, since they had reduced the formality of these meetings. Although staff told us that they felt they received enough training we saw that some staff had not received training in relation to the specific needs of people they supported. Only a few staff had received training in supporting people living with dementia or in medicines management. The registered provider advised that the training videos used were in need of review as they doubted that they were still applicable and indicated that this would be rectified. The registered manager told us that staff training plans needed to be reviewed so that staff could receive thorough, effective training in a timely way.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

The registered manager and some staff were able to provide details about the principles of the MCA and promoted the importance of people having a choice and receiving care that reflected their needs. However,

other staff members were unaware of the MCA and had not received training in this area. People's daily care records indicated that staff regularly sought their consent and people we spoke with told us that staff supported them to make choices. We saw that people were asked to give their signed consent for their personal information to be added to their care plans and that staff respected and acted upon this decision. Care plans provided instructions for staff to seek people's consent along with clear guidelines about which choices they could support people to make. Some care plans also directed staff to consult with chosen relatives or friends about decisions if people could not make these independently. Records showed that a best interests meeting had been held for one person who used the service and reflected that the person had been supported to understand why they required a type of healthcare support and the potential outcomes of this.

Where people required support with preparing meals, their care records showed that they were given a choice of foods with healthy options and the registered manager told us that staff tried to encourage people to eat healthily. One staff member described how they supported people to make choices about their food and that they offered fruit with this. We saw that staff maintained monitoring records of some people's food intake where required, to help ensure that it could be identified if people were not eating and drinking sufficient amounts to support them to remain healthy.

One person who used the service told us that staff had helped them to access healthcare appointments and we saw that the details of healthcare professionals and emergency contacts were clearly displayed in people's care records. Records showed that staff shared information about people's health needs with the registered manager and that this was promptly addressed with healthcare professionals as necessary.

## Is the service caring?

### Our findings

One person using the service told us, "[Staff] don't rush things, it's always 'how are you and have you had a good night' and it's that bit I like, the communication is wonderful." Most people told us that staff were caring and they were happy with the support they received. One person told us, "I like [the staff] very much" and that they had a good laugh and talk with staff. We saw that staff spoke respectfully about people who used the service and their relatives. A relative told us, "[Staff] have [their relative] laughing and cheer them up." We saw that on one occasion, a healthcare professional had praised the registered manager and care coordinator for their efforts in resolving a problem for a person who used the service. Their feedback read, 'It was nice to see how much [you] care for the wellbeing of [people]. You're obviously very caring.'

People and a relative we spoke with told us that they were involved in reviewing their care plans. One person told us, "We talk through [the care plan], they regularly ask and come out to me and check this." People's daily notes reflected that staff spent time talking with people using the service and ensuring that they felt comfortable.

People regularly received care from a designated primary or secondary staff team so that their care was consistent and staff were known to the people they were supporting. One relative told us however that it was disappointing and unclear as to why their relative's care team had become slightly less consistent recently, as their relative had become attached to a regular, longstanding carer and they no longer visited to provide care to them.

Records showed that people were regularly asked for their views by the registered provider about the care they received. One feedback comment read, 'All my carers are wonderful' and another comment read, 'Good carers... if [person's name] requires anything extra the carers do it'.

We saw that a best interest meeting had taken place with one person using the service and that steps had been taken to explain a process to them, with information about what to expect and when. The registered manager told us that upon review of people's care records, they found that staff had not always stayed for the full duration of people's appointments. The registered manager therefore required staff to stay and use this time to socialise more with people and to support their relatives wherever possible, for example by helping with housework.

The registered manager told us that they reminded staff to protect people's privacy and dignity when providing care to people who used the service. One person told us, "Staff respect my privacy and dignity all the time." Staff we spoke with provided examples of how they maintained people's dignity and one staff member told us that they asked for the person's consent and "Explain all through the call what we're doing." We saw that people who used the service were asked to give their signed consent for their information being shared and the registered manager told us that they supported people to decide whether they wanted to do so. We saw that this request was respected and the registered manager had introduced unique identifier codes on documentation such as complaint forms to protect people's confidentiality.

## Is the service responsive?

### Our findings

One person told us that they were "Perfectly happy," with their care and a relative told us that one staff member was "Really switched onto [their relative's] needs." One person told us, "We have different carers but they have the same attitude and are helpful and I'd recommend the service to anyone."

One person told us, "[Staff] treat you as an individual, they're excellent" and that they regularly talked through their care plan with staff who visited their home to review this. Another relative told us that they were involved in developing and reviewing their relative's care plan. People's care plans included the desired outcomes of providing their care and featured person-centred details and instructions for staff, such as leaving the lamp on for some people at night and ensuring that a person's food was served at their preferred temperature.

The registered provider was in the early stages of developing a programme which included spending more time with people who used the service and fulfilling an activity or goal of their choice. One staff member told us that a person who used the service practiced their reading with them. The registered manager told us that another person had been accompanied to a religious service by a member of staff. We saw that information in one person's care records had been made more accessible following their feedback that it was unclear.

Care plans we reviewed featured some details of people's personal histories and interests, as well as their needs and abilities. People received information outlining their visit schedule and identifying the staff that would be visiting to support them. We identified however that care plans contained limited information about people's health conditions and medical histories.

People told us that staff would listen to their concerns if they had any. There was a complaints process in place and people and relatives we spoke with told us they also knew how to complain if they needed to. One person told us, "I've never complained. There is a form available in my file and I can complain if I wanted to... [Staff] regularly ask for feedback and ring you and ask." Another person told us that they had told staff about an issue with some equipment and that staff had helped them to access support with this.

The service had not received any concerns or complaints since their registration, however the registered manager recognised that complaints were an opportunity for learning. One relative we spoke with told us that they had given verbal feedback to various staff members about an issue yet this had not been addressed. The relative was aware of the complaints process however they had not used this and staff had not alerted the registered manager to the issue.

## Is the service well-led?

### Our findings

The registered provider and registered manager had not responded in a timely way or fulfilled their requirements in relation to a safeguarding investigation. Records we reviewed showed that the local council stated that the registered provider had not cooperated during a safeguarding investigation. The registered manager and registered provider had failed on several occasions to supply information that had been requested by the council and we saw that this was eventually provided seven months after the initial request. The registered provider told us that they had followed procedures for this investigation and a change in their office location meant that they could not access this paperwork. The registered manager told us that they had learned from this event and improved the accessibility of their file management.

Failure to share relevant information with relevant bodies as requested is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us that they were happy with their care and one person told us they "Couldn't ask for better." Staff told us that the team worked well together and that they were supported by the registered manager and provider with both personal and work issues. One staff member told us that the registered manager was, "Readily available and you can always get a response" and they added that they believed that the manager had the same approach with people who used the service.

Systems and audits had failed to identify that medicines management was not safe and needed to improve. Staff had made changes to prescribed administration routines which had not been identified and addressed. Records showed that the registered provider had not always followed their own recruitment processes. This meant that we could not be assured that people always received their medicines safely or that they were consistently protected by safe recruitment practices.

There were systems in place to ensure that people's risks were managed effectively, however staff were not always equipped with guidance to understand the importance of such processes. Although staff attended regular team meetings and additional support in their roles, they were not consistently equipped with knowledge about people's health care conditions and needs through current and effective training or sufficiently detailed care plans. We saw that although the registered manager was keen to secure thorough and effective training for staff, there had been delays to staff training, including in basic areas such as safeguarding and safe medicine management.

The registered manager told us that their role experience to date had been a learning curve and that they received support from a training professional who had been involved in training them and staff. The training professional told us, "With the new manager in place, I have seen huge improvements with the carers' attitude and commitments to people who use the service, it has vastly improved. The service is really working well and everything is moving in the right direction."

There were systems in place so that people and their relatives were involving in care planning and had the opportunity to share feedback about the service. The registered manager had distributed a survey last year

to gather the views of people who used the service and their relatives and carers. We saw that this feedback was recorded but not yet fully analysed and acted upon. The registered manager told us that they had taken some steps to address people's feedback, for example in relation to the visibility of the service management and responding to informal queries, yet these actions were not recorded. The registered manager was in the process of developing another questionnaire survey that would help them to gather further views of people's experience.

The registered manager and care coordinator had recently been promoted into their roles after working with the organisation for some time and told us that they knew most people who used the service well. The registered manager told us that they were trying to develop an open and transparent culture and they demonstrated a clear understanding of their responsibilities in relation to the duty of candour. We saw that the registered manager respected varying staff abilities to cope with potentially distressing aspects of providing care to people and that they wanted staff to be open about this. One staff member told us, "They do really put their whole heart into the service." The registered manager told us that since they had made staff meetings less formal, that these were more productive and staff were more engaged. The registered manager did not maintain a record of these and they advised that they would consider doing so in future to monitor their progress on discussion points and guidance that had been shared with staff.

The registered provider told us that they had values and a mission statement for the service and that they had started to develop a self-assessment tool to review and improve the quality of the service. The registered manager showed us an electronic system they used to communicate with staff about people's care needs and appointments and told us that this was also being developed further.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure the proper and safe management of medicines for people who used the service.</p> |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to share relevant information with relevant bodies as requested.</p>                               |