

Serenity Homecare Limited

# Serenity - Birmingham

## Inspection report

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20 November 2019

21 November 2019

22 November 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Serenity Homecare Limited is a domiciliary care service. It was providing personal care to 50 older people and younger adults at the time of the inspection.

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.

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

The provider was unable to demonstrate how equality and diversity was promoted to ensure everyone was treated fairly and quality assurance systems were not entirely effective to identify this. At the time of the inspection visit no one was receiving end of life care.

Staff were skilled in recognising abuse and people told us they felt safe with the care and support they received. The potential risk to people was assessed, and action was taken to mitigate the risk of harm to people. People told us there was always enough staff to meet their assessed needs. Lessons were learnt when things went wrong, and action was taken to avoid a reoccurrence.

People were involved in their needs assessment to ensure they receive a service that suited them. People were supported by staff to eat and drink sufficient amounts to promote their health. Where necessary people were supported by staff to attend their medical appointments.

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.

People were supported by staff who were kind and who delivered care in a way that promoted their right to privacy and dignity. People were actively involved in making decisions about their care and support needs.

People contributed in planning their care and could be confident any concerns they may have would be acted on.

There was a clear management structure in place and people were aware of who was running the service. The provider engaged with other agencies to ensure people receive the appropriate care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was a planned inspection.

This service was registered with us on 24 October 2018 and this is the first inspection.

#### 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good 

# Serenity - Birmingham

## 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

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

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.

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who worked with the service. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We carried out telephone interviews with six people who used the service and three relatives about their experience of the care provided. We also spoke with five care staff. During our visit to the office we spoke with the nominated individual, the registered manager, the care coordinator and the client service officer. We looked at three care plans and risk assessments. We looked at two staff files to review the provider's recruitment process. We looked at staff training records and records relating to quality checks.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff training records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The registered manager told us that staff had access to essential personal protective equipment (PPE) such as disposable gloves and aprons and staff confirmed this.
- The people we spoke with told us staff always wore PPE when they assisted them with their personal care. One person said, "The staff are very hygienic, I see them washing their hands."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care and support they received. One person said, "I feel safe having the same staff."
- People told us staff wore a uniform and always carried identification. The registered manager told us this was reviewed during spot checks.
- Staff were aware of their responsibility to safeguard people from the risk of potential abuse. Staff told us they would report any concerns with the registered manager and they were aware of external agencies they could share their concerns with.
- The registered manager was aware of when to share information about potential abuse with the local authority to safeguard people from harm.

### Assessing risk, safety monitoring and management

- People were involved in their risk assessment to mitigate any potential risks.
- Staff told us they had access to risk assessments that supported their understanding about how to keep people safe.
- We observed risk assessments relating to people's mobility and the safety of the environment.

### Staffing and recruitment

- People told us staff generally arrived on time and stayed their allocated time. All the people we spoke with told us they had not experienced any missed calls. Where people required two staff members to support them, people told us this level of staff was always provided.
- The registered manager told us staffing levels were determined by people's assessed care and support needs.
- The provider's recruitment process ensured safety checks were carried out to ensure people were suitable to work for the provider. Where a Disclosure and Barring Service (DBS) was positive we observed that risk assessments were in place.

### Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.
- A staff member told us that most people were supported by their relatives to take their medicines. However, some people needed to be prompted to take their medicines at the right intervals.
- The registered manager told us that during spot checks, staff medicines practices were observed to ensure it was safe and the staff we spoke with confirmed this.

#### Learning lessons when things go wrong

- Discussions with the registered manager confirmed lessons were learnt when things went wrong. For example, systems were tightened to ensure people's medicines were reviewed when discharged from hospital. This ensured staff were made aware of any changes to prescribed medicines.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff support: induction, training, skills and experience

- The provider told us all staff had received equality, diversity and human rights training. However, the registered manager was unable to tell us how this was included during the assessment of people's care needs and the delivery of care. This placed people at risk of their specific needs not being met.
- After our inspection visit, we were provided with sufficient evidence to show staff had received relevant training in relation to their role and responsibilities in meeting people's assessed needs. All the people we spoke with, told us they were happy with the service they had received.
- Since our inspection visit the registered manager told us staff had received training and further training had been planned for 2020.
- Staff told us they were provided with an induction when they started working for the provider. One staff member told us, "During my induction I worked alongside an experienced staff member, I felt I was well prepared to do my job."
- The registered manager told us staff were provided with one to one supervision sessions and staff confirmed this. Access to supervision supported staff in their role.
- The registered manager told us an assessment of people's needs was carried out before a service was offered to them and we saw evidence of this assessment in the care records.
- People were involved in their assessment to ensure they received a service that met their preferences.

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

- The provider was unaware of the National Institute of Clinical Excellence 48 (NG48). This is a good practice guidance to promote good oral health. We looked at three care records which did not contain a detailed oral health care plan. The registered manager acknowledged the absence of oral health care plans. They assured us action would be taken to address this.
- The provider told us they offered a chaperone service if people required support to attend medical appointments. One person told us, "A staff member took me to the GP, it was a real support as I am partially blind."

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

- People were supported to eat and drink sufficient amounts to promote their health.
- Staff told us they observed how much people ate and drank and looked for signs of weight loss. Where

concerns were identified a chart was put in place to monitor how much the person ate and drank.

- A relative told us, "The staff offer (Person's name) a choice of ready meals and always prompts them to eat and drink."
- One person said, "Staff come twice a week to do my tea, they make me a drink and then wash up."
- The registered manager told us any concerns about how much the person ate and drank would be shared with the person's relative or their GP so further support could be obtained.

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

- The registered provider worked with other agencies to ensure people received a seamless service. These included social workers, advocates and healthcare professionals.

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 registered manager told us one person had a lasting power of attorney (LPO). LPO allows a person to take care of a person's finances and to make decisions about their care when the person lacks capacity to do so themselves.
- We saw evidence within care records that people's consent had been obtained by the provider, to allow them to share information with relevant agencies.
- The registered manager was aware of when a best interest decision should be made. The registered manager had worked alongside relevant agencies to ensure a person received the necessary support and care.
- People were supported by staff to make decisions. For example, a staff member told us, "I show the person different meals, to enable them to point at what they want." A relative told us, "The staff include (Person's Name) in all decisions where possible."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We looked at three care records which, did not identify how equality and diversity were promoted. Although five out of six people told us they were treated fairly. The lack of information relating to equality and diversity meant people's unique needs may not be met with regards to their skin care, appropriate meals and to ensure all staff are aware of their cultural needs.
- People were cared for by staff who were kind and attentive to their specific needs. One person told us, "The carers are kind and will have a chat with me." Another person said, "The staff are very nice and really kind. They do everything properly."

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

- The registered manager told us people were involved in making decisions about their care and the people we spoke with confirmed this. This ensured people received a service specific to their needs.
- The registered manager told us about two people who were related who used the service, often refused care and support. It was identified that the times of their visits were unsuitable. Both people were involved in decisions about suitable visit times and they no longer refused the service offered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their right to privacy and dignity. Staff were able to tell us how they ensured people's privacy and dignity was maintained at all times. For example, when they assisted people with their personal care they covered them up with a towel. They ensured curtains and the door are closed.
- The registered manager told us that during quality spot checks they observed practices to ensure people's privacy and dignity are maintained.
- People were supported to be as independent as possible. For example, one person required two staff members to support them. Staff built the person's confidence to do more for themselves and to be independent. The registered manager told us the person no longer required any support and now lived independently.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of our inspection the provider was not providing end of life care. We looked at three care records of which did not provide any information relating to people's wishes with regards to their end of life care. We looked at the staff training records which showed not all staff had received end of life training. This meant staff may not have the necessary skills to provide end of life care and support in the future.

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

- The registered manager told us people were involved in their care assessment and the people we spoke with confirmed this. This ensured the service provided was specific to the individual's needs.
- The registered manager said people's care and support needs were reviewed with people's involvement. During this review any changes to their needs would be identified and the care plan would be updated to reflect this.
- One person told us, "My care is reviewed every couple of months. The service is very 'person-centred' and not just seen as a business."

### 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 registered manager was aware of AIS and was able to demonstrate how this was incorporated in care practices. The registered manager told us they had a good ethnic mix of staff and they were able to use them to translate when necessary.
- Discussions with the registered manager and the records we looked at identified information was adapted with regards to whether the person could speak English. For example, we observed care plans written in Polish and Punjabi. This ensured people were able to make decisions about their care. Efforts had been made to ensure staff who worked with these people could speak their language.
- A staff member told us, "I show one person items and they are able to nod to their preferences."
- Another staff member said, "Sometimes you have to speak clearly and slowly to ensure the person understands you."

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

- The provider looked at 'loneliness,' and where people were at risk of loneliness and isolation. The provider informed people about social activities within their local community. The registered manager said, "We would support people to participate in these activities and provide them with transport where necessary."
- The provider offered a service to support people to do their shopping and cleaning.

Improving care quality in response to complaints or concerns

- People told us they would share their concerns with the registered manager or the staff. One person told us, "If I have any problems the registered manager will sort them out. They also come to see me to find out if everything is alright."
- The records we looked at showed complaints were acknowledged in writing, investigated and responded to in writing. This demonstrated that complaints were listened to and acted on.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had monitoring systems in place to assess, review and monitor the quality of service provided to people.
- The registered manager told us that routine spot checks were carried out and the people we spoke with confirmed this. People told us that during the spot check visit, the management team would ask them if they were happy with the service provided.
- The provider had systems in place to identify if a call was late or had been missed. This enabled them to take action to address this.
- Monitoring systems were in place to ensure appliances in people's home had been serviced and were safe to use.
- Annual surveys were sent out to people who use the service and staff. This gave people the opportunity to tell the provider about their experiences of using the service. We observed comments from these surveys were positive.
- People and staff were aware of who the registered manager was. Staff told us the management support was good and the registered manager was very approachable.
- Staff told us they felt valued. A staff member told us when they were unable to get to their visits. The registered manager arranged transport for them to ensure visits were carried out.

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

- The provider told us they had a no blame culture. They said, "We all work together to fix any problems that arise."
- One person told us they were happy with the service and would recommend the agency.
- A staff member told us, "The registered manager will assist on visits if and when needed." They told us the registered manager was very good at running the service.
- The same staff member told us they received some 'touching comments' from people who use the service. We also observed very positive comments with regards to the care provided.

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 understood the duty of candour and was active in reviewing the service provided to

people to avoid any potential risks to them and the staff.

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

- People told us that during spot checks the management team would ask them about their views with regards to the service provided.
- People's views and opinions relating to the quality of the service was also obtained during the assessment of their needs.
- Routine telephone calls were carried out to ensure people were satisfied with the service provided to them.

Continuous learning and improving care

- The registered manager had systems in place to obtain people's and staff views and used these to improve the quality of the service.

Working in partnership with others

- The provider worked in partnership with healthcare practitioners to promote people's physical and mental wellbeing.
- Discussions with the registered manager and the care records we looked at showed the provider engaged with social workers and local places of worship.