

Serene Residential Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Serene Residential Care Limited is a residential care home providing accommodation for people who required nursing or residential care for 15 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

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

Records concerning the management of people's medicines were not sufficiently robust. On the day of inspection, medicine records were completed two hours after administration and medicine storage temperatures were not always recorded. However, people told us they received their medicines as prescribed.

Infection control was not well managed. Staff were not always wearing masks correctly in the home and social distancing was not maintained.

Safe recruitment procedures were not followed for two individuals working in the service. There were sufficient numbers of staff available, although at lunchtime, people had to wait to leave the dining room due to staff pressures.

Activities were not taking place during the inspection. Activity records showed meaningful activities were not taking place.

Systems to ensure oversight of the service had not identified most of the issues found at this inspection. However, feedback from people, relatives and staff about the registered manager was very positive.

People had been moved on to one floor due to the occupancy levels at the time of inspection. The living environment was not dementia friendly and provided limited space for people using mobility aids.

People and relatives spoke positively about the care provided by staff, although we identified some concerns around maintaining people's dignity.

People felt safe and protected from harm at this service. Relatives shared this view. Safeguarding incidents and complaints had been investigated and responded to.

People received timely access to healthcare when they needed it. Records for people who needed to be weighed weekly showed gaps.

Most staff received an induction and ongoing support through training and supervision.

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

Risks to people had been assessed and reviewed. Care plans were sufficiently detailed and person-centred.

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

Rating at last inspection

This service was registered with us on 29 April 2020 and this is the first inspection.

Why we inspected

Prior to this inspection, we received information reporting concerns about people's dietary requirements not being met, unsafe medicines management, a lack of food and missing furnishings in people's bedrooms.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report. Following our inspection, action has been taken by the provider to reduce risks to people and this has been effective.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Serene Residential Care Limited

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors 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.

Serene Residential Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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 work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived in the home and 10 relatives. We also spoke with the registered manager, deputy manager, the cook, a maintenance person, three senior care workers, two care assistants and a visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records in full, plus a further four care plans for specific information and multiple medication records. We looked at the recruitment of three staff members as well as staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records concerning the management of people's medicines were not sufficiently robust.
- We found gaps in the administration of people's medication, although people and relatives assured us medicines were administered as prescribed. The registered manager said stock counts had taken place and these showed medicine had been administered.
- The administration of medicines was done in a caring manner. However, in the afternoon, a staff member responsible for the lunchtime medicines round signed records to show these had been given over two hours earlier. These records should be completed immediately after the administration has taken place.
- Temperatures for the medication room and fridge could not be found for April 2021 and there were gaps in recording for February and March 2021.
- Medication administration records we looked at were not dated, making it difficult to establish which month they related to.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the records concerning medication management were not sufficiently robust.

- The registered manager said the provider was moving from paper to electronic medication records to improve recording.
- The April 2021 medication audit identified the issues we found on inspection.
- Staff had received medication training and were assessed as competent.

Preventing and controlling infection

- We were not always assured that good infection control practice was being followed.
- On arrival, we observed two opened lateral flow tests left in the reception area.
- On the day of our inspection, there were no cleaning staff on shift. The registered manager told us night staff would pick up these duties. We observed a commode in one person's bedroom had not been emptied for two hours.
- At the time of our inspection, the home did not have chlorinated cleaning products in stock. The same issue was identified a week earlier, when the local authority carried out an infection control audit. These items were ordered and received shortly after our inspection.
- At lunchtime, people were not socially distanced at dining tables, which was due to the limited space available.
- We observed two members of staff in the manager's office wearing their face mask under their chin. Staff confirmed they had received infection control training.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as infection control practice was not found to be safe.

- Relatives said they had to follow the visitors protocol which included testing for COVID-19.
- The provider was completing quarterly infection control audits.

Staffing and recruitment

- Two individuals working in the home were known to the nominated individual. The registered manager referred to both as, "Volunteers." We asked to see evidence of background checks carried out to ensure they were suitable to work with vulnerable people, but these checks had not been carried out. A third staff file we checked was missing references and had a historical DBS. The provider's recruitment policy stated 'DBS checks are not portable and a new one has to be undertaken at each place of employment'.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as background checks had not been completed to ensure people were cared for by workers of suitable character.

- Following our inspection, the registered manager completed the checks for one of these people and the other worker was no longer going into the home. The missing references for the third staff member were obtained along with new DBS checks for six staff.
- Relatives and staff told us there were sufficient numbers of staff to assist people.
- Our observations were that care provided appeared task based and staff did not have time to spend chatting with people.
- At lunchtime, we observed all 15 people in the dining room. Two people who needed mobility aids wanted to leave the table after they had eaten their meal. Staff were assisting other people at the time and asked the two people to sit down and wait. This meant there were insufficient numbers of staff for this part of the day. However, this was manageable at other times of the day.

Assessing risk, safety monitoring and management

- Risks were assessed and measures were put in place to reduce the risk of harm to people.
- People had walking aids which were always near them. However, we observed two occasions when inappropriate techniques were used to assist people from seated to stand positions. We discussed this with the registered manager who was organising refresher training in moving and handling.
- A thorough examination of slings used to transfer people had not been carried out. However, at the time of inspection, no one living in the home needed this equipment. Following our inspection, the registered manager confirmed they were arranging for this work to take place.
- Personal emergency evacuation plans (PEEPs) were available for staff. We recommend the registered manager creates a summary sheet of PEEPs.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- People and relatives we spoke with told us they were safe and protected from harm. One relative said, "[Person] seems well looked after and they are safe."
- Staff were able to recognise signs of abuse and knew how to report their concerns as most had received safeguarding training.
- The registered manager had investigated safeguarding concerns and took appropriate action, which was seen in records we looked at.

Learning lessons when things go wrong

- We saw evidence of lessons learned from unwanted events.
- The registered manager shared examples of improvements they had introduced following concerns about how staff responded to an emergency. We saw this learning was communicated to staff in their supervision meetings.

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.

Staff support: induction, training, skills and experience

- Staff training levels we looked at showed that most sessions had been completed by 75% of staff. Following our inspection, the registered manager told us the outstanding training would be completed by the start of July 2021.
- Staff we spoke with confirmed they received an induction before they started working at the service. Staff were receiving regular formal support through supervision. Staff told us these meetings were helpful and informative.
- People and relatives we spoke with said staff appeared to have been trained. One relative said, "The staff seem competent and caring."

Adapting service, design, decoration to meet people's needs

- The design and decoration of the living environment had not been adapted to meet people's needs.
- In July 2020, the provider applied to the CQC for status to provide care for people living with dementia. Assurances were given at this time about how the provider would ensure the home was dementia friendly. At this inspection, we found a lack of dementia friendly signage, dementia friendly colours, and input from the dementia friends champion scheme from the Alzheimer's society had not been actioned as described when the application was submitted.
- The living environment was narrow in places and had sharp turns, which we saw people using mobility aids found difficult to navigate.
- At lunchtime, due to the limited space available in the dining room, people's mobility aids had to be stored outside this area.
- We observed the ground floor was a larger area, although at the time of our inspection this was not in use. Following our inspection, the registered manager shared their refurbishment plan with us. They had also obtained dementia friendly signage for throughout the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received timely access to healthcare services, although management of people's weights required improvement.
- We looked at the management of people's weights and found there were gaps in recording for two people who needed to be weighed weekly. For example, one person had not been weighed since mid-March 2021. The registered manager addressed this following our inspection.
- Relatives consistently told us staff were responsive to people's healthcare needs. One relative told us, "Staff

got [person] to see a doctor, who prescribed some medication and they are a lot happier now."

- From records we looked at and staff we spoke with, we saw people had been referred to healthcare services as required. For example, one person had recently been referred to a speech and language therapist due to a choking risk.

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

- Prior to our inspection, we received information of concern which indicated there was a lack of essential food supplies. At this inspection, our observations were that there were sufficient supplies in stock.
- One person told us, "I've not had a bad meal here." One relative commented, "[Relative] likes the puddings and likes the other food. [Relative] was undernourished when they went in and now looks healthy."
- Staff were aware of people's dietary needs and care records we looked at reflected these needs.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported to have choice and control in their daily living.
- Decision specific mental capacity assessments had been completed and applications were made to lawfully deprive people of their liberty. Best interest decisions were also made for people, in consultation with their representatives.
- Staff understood the importance of empowering people to make choices for themselves. One relative told us, "[Person] gets choices. [Person] goes to their room when they want to go to bed and [staff] call them for breakfast." They also confirmed this person made their own decisions about their bedtime routine.

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

- An assessment of people's care needs was carried out before they moved into the home. This ensured the provider was confident they could meet the needs of these people.
- Care plans were generated for people staying on a short-term basis, who planned to return home.

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 as requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Before our inspection, we received information of concern which alleged that people's bedrooms were without curtains or they had a cloth covering over their windows. At this inspection, we found one person did not have any curtains in their room and another person had a thin sheet over their window. Following our inspection, the registered manager confirmed new curtains had been purchased and fitted in these rooms.
- Relatives we spoke with told us, "[Staff] do respect privacy. They are careful when taking [person] to the toilet and talk to them", "Yes they do treat my [relative] with respect", and "[Registered manager] asks the staff to encourage the residents to be as independent as possible."
- Staff we spoke with confirmed they received training in respecting people's privacy and dignity. One staff member described the steps they took to protect privacy and dignity when providing personal care. They said, "I make sure the curtains and doors are closed. I talk [people] through, step by step. I make sure they're covered and they are comfortable."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives spoke positively about the care provided by staff.
- People told us they felt well cared for. One person said, "They've looked after me well. I think they've got some really good staff here."
- Relatives we spoke with shared positive feedback about the quality of care people received. Their comments included, "The staff seem to be really caring about [person]. They are caring, affectionate and treat [person] as an individual", "They are really good and go above and beyond" and "The staff not only care for [person], they show love. [Person] has made friends and is happy it's the right place for them."
- Relatives told us staff showed an understanding of people's care preferences. One relative said, "The staff seem to know what [name] likes and dislikes. They go out of their way to help."
- People appeared to be dressed in appropriate clothing and looked well kempt. Relatives said that people's personal care needs were being met.
- One staff member we spoke with said they involved people where possible in their care planning.

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 as requires improvement. This meant people's needs were not always met.

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

- There was a lack of meaningful activity taking place in the home.
- The registered manager told us the home had not had an activities coordinator in place since it opened to people in September 2020. During our inspection, there were no meaningful activities taking place. Activity records we looked at show entries such as 'laying on the bed', 'relaxing' and 'watching television'.
- Relatives we spoke with commented on a lack of stimulation through activities. One relative told us, "I just think there needs to be more stimulation." Relatives noted there had been occasional events such as an Easter egg hunt and an afternoon tea event.
- One staff member said, "It's a bit poor at the moment (activities). We do offer them, but some of the [people] get bored of board games after 20 minutes, so we try to find something they all like doing."

This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a regular programme of meaningful activity was not taking place.

- Following our inspection, the registered manager made us aware they were in the process of recruiting an activities coordinator. They had also purchased games for people to enjoy.

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

- Care plans contained sufficient information for staff to follow.
- People's likes and dislikes were recorded and staff we spoke with were familiar with people's care preferences.
- The provider had moved to an electronic care planning system which the registered manager and staff spoke positively about.

End of life care and support

- At the time of our inspection, 10 out of 12 staff had received training in end of life care.
- When we inspected this service, we found there was no one with end of life care needs. The registered manager said they would discuss these needs with people, their representatives and other professionals. They would also complete an end of life care plan.

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.

- We looked at the communication needs of one person whose first language was not English. Staff had learned key phrases from this person's first language, which meant they were able to partially communicate with them.
- Staff assisted one person who was visually impaired when they wanted to be able to get in touch with their relative using their mobile phone.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a concern or complaint.
- People and relatives provided positive feedback about the registered manager and felt very confident that any concerns they had would be listened to and they would receive a response. One relative said, "I would speak to [name], the manager, he is very approachable."
- At the time of our inspection, there was one complaint recorded which had been investigated and responded to.

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 as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems of governance had not identified concerns over key aspects of the service.
- The gaps we found in weekly weights at this inspection had not been identified through an effective system of audits.
- At the time of our inspection accidents and incidents were not being analysed to identify common themes. The registered manager showed us a template they wanted to introduce, to monitor this information.
- The registered manager was unaware of the legal requirement for a thorough examination of slings, used when people are hoisted. They dealt with this following our inspection.
- The registered manager told us they were completing unannounced, out of hours spot checks, although they were unable to provide records to demonstrate their findings. The nominated individual completed an 'annual quality manager audit' in February 2021. However, this did not demonstrate regular oversight.
- The lack of curtains for two people had not been addressed prior to inspection.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems of governance were not found to be sufficiently effective.

- The registered manager completed audits of Deprivation of Liberty Safeguards, health and safety and call bell response times.

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 had reported some incidents which we did not need to be formally notified about. We clarified their understanding of this requirement during our inspection.
- The registered manager was open and transparent during the inspection.

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

- Although it had not been possible to engage with people's representatives through relatives' meetings during the pandemic, a satisfaction survey had been set out to people and their representatives at the end of April 2021.
- An effective booking system was in place to manage visits from relatives and friends.
- Relatives told us they were satisfied with the communication they had received from staff. One relative

said, "[Staff] set up a phone call so I can speak to [name]. I call the staff every day to check on [person] in the morning and the evening."

Continuous learning and improving care

- Staff we spoke with confirmed there was a culture of continuous improvement.
- One member of staff told us, "We have [staff meetings] every month. [Registered manager] always asks staff about the positive sides of the home and the negatives, as well as what needs improving."
- A senior care worker shared an example around an area of improvement with us. They explained the provider was starting a 'resident of the day' program, which would include a review of the person's care plan.
- Following our inspection, we found the registered manager had been pro-active in improving those areas which we identified as requiring improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and relatives said the home was well managed.
- One relative told us, "The home is well managed. [Registered manager] has been a great support to us as a family and has gone over and above. [Registered manager] is brilliant and communication is great."
- Staff we spoke with told us they worked in an open and inclusive environment where they were listened to and felt valued. They spoke positively about the support they received from the registered manager.
- The home worked in partnership with the care home liaison team, speech and language therapists, GP surgeries and the falls team.
- A visiting professional we spoke with during the inspection spoke positively about the care provided at this home.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care A regular programme of meaningful activity was not taking place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records concerning the management of people's medicines were not sufficiently robust. Systems of audit had not identified the concerns found at this inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Background checks had not been completed to ensure people were cared for by workers of suitable character.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment infection control practice around the use of PPE and sufficient cleaning products was not safe,

The enforcement action we took:

Warning notice served