

Serenity Always Ltd

# Serenity Always Health Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Serenity Always Health Care is a domiciliary care service that provides personal care to people living in their own homes. At the time of our inspection the service was providing personal care support to six people.

Not everyone who used the service received personal care. 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

Quality assurance systems had been introduced, however we had could not fully confirm they would be sustained and continually effective, as previous attempts had failed. There was an ongoing concern with one person's topical creams that had not been addressed. As this was an ongoing concern, lessons had not always been learned when things went wrong. However, lots of other improvements had been made and other medicines for people were being managed safely.

Risks to people's health and wellbeing were being assessed and planned for. However, staff supporting one person with distressed behaviours did not always have effective skills to know how to respond.

There were enough staff to cover calls and people were visited by the same staff. Staff were recruited safely, however we found one example where a criminal record had not been re-checked by the provider once the staff member had been appointed. Staff training compliance was now being monitored. People were protected from the risk of cross infection as staff followed personal protective equipment (PPE) and infection control guidance.

Care plans now contained more detail and were person-centred. People felt the service had improved and they were asked for their opinion. Feedback was given following surveys. There was a strong ethic of working in partnership with other health professionals.

The provider had made a long-term commitment to having support from an external consultant to support and monitor the service.

The registered manager was aware of their responsibilities about duty of candour. The provider was displayed their previous inspection rating as necessary.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2020) and there were two breaches of regulation. At this inspection improvements had been made so the provider was no longer in

breach, but some further improvements were needed.

#### Why we inspected

We carried out an announced focused inspection of this service in September 2020. Breaches of legal requirements were found. The provider continued to provide us with an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement overall. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Serenity Always Health Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor the provider's 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Serenity Always Health Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection site visit was carried out by one inspector and an inspection manager. Inspectors made phone calls to people, relatives and staff.

#### Service and service type

Serenity Always Health Care is a domiciliary care service, providing personal care in people's homes.

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 one working day notice of the inspection starting because we needed to arrange to make telephone calls to people using the service.

Inspection site visit activity was carried out on 10 February 2021. We visited the office location to see the provider, registered manager and deputy manager, and to review care records and policies and procedures. We made phone calls to people and relatives on 15 and 18 February 2021.

#### What we did

We looked at information we held about the service including notifications they had made to us about important events. A notification is information about events that by law the registered persons should tell us about. We also reviewed monthly updates sent to us by the provider, which is a condition on their registration. 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 also asked Healthwatch if they had any information to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any feedback to share. We used all of this information to plan our inspection.

We spoke with two people who used the service and three relatives over the telephone. We asked a health professional for feedback. We also spoke with three staff members over the telephone. Whilst visiting the office we spoke with the registered manager, deputy manager and the nominated individual from the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed four people's care records including some medicine records and records relating to the management of the service, including audits, meeting minutes, surveys and three staff recruitment files.

After the inspection

The provider sent us further documentation about their oversight of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management;

At the last inspection there were concerns relating to assessing and managing risks to people's health and wellbeing. This contributed towards a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation, however further improvements were needed.

- People had the risks in relation to their health and needs assessed and planned for. For example, people who needed support with moving and handling had details of how they needed to be supported in their plans.
- One person could become agitated. Staff knew what could cause the person to become upset and their care plan included details about this. A health professional was supporting the provider to improve their support for this person and multi-disciplinary team meeting had recently taken place to review this person's care.
- Whilst staff had received general training about supporting people with distressed behaviours, this was not specific to the person and staff did not always know how to respond. One staff member said, "Some staff don't understand [person's] needs so don't know what to do." A health professional told us, "The staff I have met seem to know the person well" but went on to say, "Staff support the person when they are upset, to the best of their ability. The main issue relates to a lack of consistency and understanding."
- Records were kept which detailed behaviours the person was experiencing and the staff response to this. These were used in discussions with other health professionals to improve support to the person.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were not consistently safely managed, although no one had come to harm as a result of this. Whilst lessons had been learned when things went wrong, there was one concern that had not been resolved since the last inspection.
- At the last inspection, one person was having a cream applied by staff that had not been prescribed and its suitability to apply had not been checked with the health professional until we fed this back to the provider. We checked on this during this inspection.
- The previous topical cream was no longer been applied, however the registered manager told us a different cream was now being applied by staff. The suitability of this cream to apply had still not been checked with a health professional and the recording of the administration of homely remedy was not being recorded. This meant we could not be sure the cream was safe to apply, and the person was being protected. Despite this, the person had not come to harm as a result of this.
- People and relatives told us they felt they received their medicines correctly.

- People who needed 'as required' medicine (also known as PRN medicine) had protocols in place to help staff identify when the PRN medicine was needed.
- Many other improvements had been made. There were improvements in the assessing of risk and planning for people's care had been made, with detailed plans now being in place. An action plan was in place, due to the conditions on the provider registration, and they added to this as additional improvements they identified were required.
- Systems were in place to monitor accidents and incidents to look at trends and to ensure action was taken if concerns were found.
- In one example, there was a medication error. Appropriate action was taken to keep the person safe at the time and this had been discussed with the local safeguarding authority.

### Staffing and recruitment

- There were enough staff to support people. People and relatives told us they tended to see the same staff regularly and their calls were on time.
- One person said, "I see the same one [staff member] every day, unless they are off and I know the other staff." One relative said, "Yes we have the same staff. They are quite a small company."
- There were checks carried out on staff suitability to work with people who use the service. Checks included on criminal records and references from previous employers. However, we found one staff member's criminal record had been checked by a previous employer, and not by the provider. Staff criminal records should be checked after they are appointed. The provider told us they checked online prior to the staff member starting work, however there was no evidence of this.

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

At the last inspection there were concerns relating to keeping people safe. This contributed towards a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of regulation.

- At the last inspection it was not always clear how people were kept safe if unexplained bruising was found. At this inspection we found action had been taken and recorded if marks were found on people's bodies. One relative said, "They [staff] body map any bruises, so they inform us if there is anything. They [staff] look out for any such things."
- People told us they felt safe and relatives confirmed this. One person said, "I feel ever so safe [with staff], because they are one step ahead of me, they know how to support me." A relative said, "Yes, they [staff] are very good with [my relative], they do everything by the book."
- Staff received safeguarding training and staff knew to report their concerns. One staff member said, "Yes I've had [safeguarding] training, if I had concerns, I would inform the office and escalate it if ignored."
- We saw that the local safeguarding authority had been contacted by the provider in relation to concerns identified to keep people safe.

### Preventing and controlling infection

- People were protected from the risk of cross infection. During the COVID-19 pandemic, extra guidance and measures were in place for staff to follow to help keep people safe. These included wearing PPE such as a mask, gloves and aprons.
- People and relatives confirmed staff wore this PPE. One person said, "Yes staff do [wear PPE], they put it on. Staff put hand gel on." Another person told us, "[Staff have] always got a mask on; one wears a face guard and a mask as well. They have an aprons on. Yes, they wear gloves"
- Staff told us, and records confirmed they had done online training about infection control and had access



to PPE.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At the last inspection we found continuing concerns regarding the governance and oversight of the service which resulted in a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found many improvements had been made so the provider was no longer in breach, although further improvements were still needed.

- Quality assurance systems had been introduced. Whilst we found there had been an improvement in the oversight and the quality and safety of care, we could still not be fully assured these would be sustained and embedded.
- Systems were in place to review complaints, safeguarding, medicine errors and audits. Whilst these were an improvement, we had not seen the long-term sustainability and use of these to ensure they would remain effective.
- The concern in relation to one person's non-prescribed cream being applied by staff and the safety of this had not been verified had still not been recognised, despite this being an ongoing issue since the previous inspection.
- Whilst we found checks were made on staff suitability, one staff member had not had their criminal record check renewed when they started to work for the provider. Whilst this specific concern had not been found at the last inspection, the provider had still failed to ensure all appropriate information had been verified for all staff.
- There was improved oversight of staff training; a matrix was in place which highlighted what course staff had completed and what they were outstanding. This had never been in place before. This highlighted some gaps in some training, and we identified some staff could have improved skills in relation to supporting one person, however people were happy with their care staff.
- We found concerns were being monitored more closely and more clearly recorded, such as action being taken following the completion of body maps by staff which indicated marks or bruising. The action taken following a medication error was clearly recorded and included on the provider's audit tools so if there had have been further errors, trends could be identified.
- Care plans were detailed and person-centred, so staff had clear guidance about how people liked to be supported, their needs and preferences.
- The provider had also invested in an electronic system to improve care planning, rotas and monitoring; the use of this was in its infancy so was not yet being fully utilised.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of their responsibilities relating to duty of candour. They said, "It is being about honest. It is about investigating and letting the relevant people know admitting if we have made a mistake. It's important to let the relevant people know so we can learn."
- The provider had an additional condition on their registration about supplying information to the CQC on a monthly basis and asking us if they wanted to support more people or increase the amount of care they delivered to people they already supported. The provider had complied with these conditions.
- The previous inspection rating was being correctly displayed on their website and in their office as required.
- People, relatives, staff and health professionals were all positive about the nominated individual, registered manager and deputy manager and their approachability. One person said, "I can ring them up if I need to, I ring the office." A relative told us, "I can talk to the management and tell them what I think and what I need changing." A health professional said, "The management are very approachable."

Continuous learning and improving care; Working in partnership with others

- Improvements had continued since the last inspection and some further improvements were still needed. The longer-term sustainability of these will continue to be reviewed at the next inspection.
- People and relatives told us they thought the provider had improved recently. One relative said, "As a company it has got better without a doubt." Feedback to another professional included, "They [the provider] has been on a very steep learning curve and they have responded to it, they have put in a lot of hard work."
- Staff were having their competency checked to ensure their training had been effective and this was recorded. Staff also received supervisions.
- There was a clear ethic of working in partnership with other organisations and professionals. The registered manager and deputy manager worked in collaboration with people's GPs and health professionals to review and improve people's experience of care.
- The provider had engaged support from a consultant in order to assist them to learn and improve further and we were given reassurance this was a long-term arrangement to continue to monitor the progress of improvements and sustainability of these.
- The provider had devised an action plan in response to a condition on their registration and they continued to update this.
- There had been many improvements to the quality and safety of care being delivered. People, relatives, staff and health professionals all felt the nominated individual, registered manager and deputy manager were approachable.

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

- People and relatives had been asked for their opinion about the support they received. One relative said, "Yes we get surveys come through."
- A survey had been completed following the last inspection. Feedback from people had been positive. Comments on responses included, "Much improved company... keep up the good work... I am confident the company will go far." Another comment was, "I feel I would not maintain my independence without them." We saw letters had been sent out to people following an analysis of the responses to update people on what changes the provider would make based on feedback.
- Staff had also had the opportunity to respond to a survey. No comments had been received, but the options selected against questions were positive.
- Staff felt supported in their role, comments included, "I feel listened to as we are all a team and work well together", "I feel very supported", "Yes, I have supervisions and appraisals" and, "It's quite supportive

knowing I can call the on call system."