Miss Tracy Moore

Serenity House

Inspection report

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Ratings

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

Overall summary

We inspected Serenity House on 24 September 2015. In order to ensure the people we needed to speak with were available we gave 24 hours' notice of our intention to undertake the inspection.

Serenity House is registered to provide accommodation for up to three adults who may have complex needs including learning disabilities, mental health and/or substance misuse issues. At the time of our inspection there two people living at the home. The provider of the service was also the manager. The service has two team leaders and six care staff as well as an administration worker.

The people were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the complex needs of the people and knew how to spot signs of abuse. People said they felt safe and supported by the care staff and provider.

Care records and risk assessments were person-centred, up to date and were an accurate reflection of the person's care and support needs. The care plans were written with the person, so they were fully involved in the planning

Summary of findings

and identifying of their support needs. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs.

The service showed flexibility and responded positively to people's request. People who used the service were able to make requests and express their views. The provider used the feedback as an opportunity to make changes and improve the service.

Staff received regular supervision and on-going training which was appropriate to their role. There were regular therapeutic group sessions which supported the people and the staff and allowed them to explore areas which mattered to them.

People said the provider and staff were caring. They spoke to people in a kind, respectful and caring manner. There was an open, trusting relationship between them, which showed that the staff and provider knew the people well.

People were supported to be part of the local community and were able to follow their faith both within the home, as well as attending the local church. They made choices about how they spent their time and where they went each day.

Staff worked well as a team and said the provider provided support and guidance as they needed it. There was an open and transparent culture which was promoted amongst the team. This allowed them to learn from incidents and changes were made to the service following feedback from people and staff.

The provider demonstrated a good understanding of the importance of effective quality assurance systems. There was a process in place to monitor quality and to understand the experiences of the people who used the service. The provider demonstrated a desire to learn and implement best practice throughout the service.

Summary of findings

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.

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

Risks were always identified and managed effectively.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Good

Is the service effective?
The service was effective.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Good

Is the service caring?
The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate

Staff treated people as individuals, respected their privacy and ensured that confidential information was kept securely.

Good

Is the service responsive?
Is the service responsive?

The service was responsive.

People were supported to engage in activities they were interested in.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met.

People knew how to complain and said they would raise issues if the need arose. Complaints had been responded to appropriately and in a timely manner.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and staff reported that the service was well run and was open about the decisions and actions taken.

The provider held regular supervision with staff and led resident meetings.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

Serenity House

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 24 September 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in. It was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR as well as other information held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one person living at the home; we also spoke with the provider and a member of staff. We looked at care plans and associated records for both people living at the home, along with records relating to the management of the service. We observed interactions between the provider, staff and the people within the home environment.

At our last inspection in April 2014, no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at Serenity House. One person said "I feel safe here". People knew what to do if they did not feel safe. People felt they were able to report concerns and that these would be acted on. We saw that when a person had raised a concern within the service. Action had been taken and the incident had been looked into appropriately. The person had been supported throughout the investigation and the outcome had been fed back to them in a way in which they could understand.

Staff said that there is "a robust system in place to keep the people safe". There was a safeguarding policy in place which all the staff were aware of. The service had an on-call system, where if the people are concerned about anything, there is always someone they can call and know it will be acted on. Staff were aware of the different types of abuse and knew how to report any concerns. Staff would support the person to understand what to do if they wanted to raise a concern.

There was a process in place for recording incidents and accidents. The provider was able to show how actions had been taken and what learning had come from them. People were involved in the learning as well so they were able to identify ways in preventing them occurring again.

People were involved in writing their own risk assessments. This promoted their independence and allowed them to identify potential risk to themselves and to others. It supported people to have a better understanding about how to manage situations, and prevent them from coming to harm. Staff supported people to identify risks, by using pictorial cards to help them understand. People were encouraged to be as independent as possible and there were risk assessments in place to manage this. There were plans in place for environmental risks such as fires and both people and staff knew what to do in an emergency.

Risk assessments were reviewed regularly and updated as required. The service was looking at ways in which this could be simplified and for people to be able to input their view by using pictorial methods. The risk assessments were thorough and supported the complexity of the people's needs.

People were involved in the recruitment process. The provider wanted to ensure that the staff being employed would be right for the role and were able to support and understand the people who used the service. By involving people at the interview stage of the recruitment process, the provider was able to identify any issues between how the potential staff member and the person interacted. This was then used to make a decision based on the people's choice as well as the providers. The recruitment process was robust and helped to ensure staff were suitable to work with people who have complex needs.

There were sufficient staff to provide the care and support people needed. Staff worked one to one with the people throughout the day and two staff stayed at the service overnight. There was an on call system in place to support staff overnight and on the weekend. Staff sickness and annual leave was covered by existing staff as the provider wanted people to be supported by staff they knew and felt safe with. Staff had undergone a check with the Disclosure and Baring Service [DBS] and had references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Application forms showed staff had previous experience within a caring role as well as a full employment history.

Medicines were managed safely. Neither person was on any regular medicines, but records showed that when they had required them, medicines had been administered and stored securely. All staff had been competency trained in order to administer medicines safely. One person was prescribed some topical cream, and there was a risk assessment and care plan in place to support this. Records showed that staff explained to the person, what the cream was for and sought consent before it was applied.

Good

Is the service effective?

Our findings

People spoke highly of the staff and provider. One person said how they were able to "go to the provider about anything" and knew they would be supported. Staff and the provider knew people well. They spoke warmly of the people they supported and knew their individual needs.

New staff complete a two day induction, away from the home which covered areas such as safeguarding, boundaries and risk management. They then undertook two weeks of observation of existing staff before beginning to work one to one with a person. If during this time the provider had any concerns about new staff their employment would be terminated. New care staff undertook the Care Certificate and were subject to a six month probationary period. The Care Certificate is the standards which all health and social care workers need to complete during their induction.

Staff were trained to provide care for people who had complex needs. Staff were able to describe potential triggers for certain behaviours, and how they would manage these effectively without infringing on the person's rights. Staff had undertaken specific training to manage these behaviours. All staff had undertaken mandatory training in areas such as Safeguarding, Mental Capacity Act, and Medicines as well as further training in specified areas. One staff explained that they had undertaken training in a specific area to ensure that they had a better understanding of a person's needs. They were able to then share what they had learnt with the rest of the staff so that the person's needs were met and risks to them were minimised. The provider had a clear view of the staff training needs and ensured that these were met. Staff had competency checks on medicines management before they were signed off to administer them; this was re-checked after six months and then annually. All staff were undertaking Health and Social Care Diplomas at varying levels.

Staff supervision was regular and effective. Staff said they were able to approach the provider outside of the scheduled supervision if they needed to discuss anything. One staff said "I feel supported and have regular supervision".

People's consent to care and treatment was sought in line with legislation. One person said that "It's my choice where I go. I tell them what I want to do and they take me". Staff said they remind the people about undertaking their personal care, but wouldn't force them if they refuse. The provider followed the Mental Capacity Act 2005 (MCA) and staff had a good understanding of this and the Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework to assess people's capacity to make certain decisions, at certain times. When people are assessed as not having the capacity to a make a certain decision, then a best interest decision needs to be made for them. A best interest decision should be made involving those people who know the person well, including other professionals when relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS the provider was able to explain about the process they would need to follow and how they would seek authorisation to restrict a person's freedoms for the purpose of care and treatment.

There were restrictive practices within the home, but the people living there had consented to them being in place. In line with the code of practice, the provider had the people make their own decisions, rather than make decisions for them. For example, one person had agreed to the use of window restrictors as a safety precaution, but another person had initially not wanted them. The provider and staff supported that person and explained the reason for the restrictors, to make sure the person fully understood the reason for having them before they were installed.

Staff knew people's needs and were able to describe how to meet them effectively. Records were detailed and showed what support had been given. There was a handover given 10 minutes before the end of each shift to ensure that the next staff member was aware of any changes or concerns, there was also a telephone handover to the person on-call at the end of each shift so they were aware of issues.

People had access to healthcare as required. Care records showed that the service had worked effectively with other health and social care services to ensure people's needs were being met. People made their own doctor's appointments. Staff said that if the person needed urgent treatment or weren't able to make the appointment themselves, then they would make it for them, with the person's consent.

Good

Is the service effective?

None of the people using the service required support to eat their meals. People took turns to prepare and cook the meals. People decided between them what they wanted to eat and staff supported them to go shopping for the food. Staff gave guidance to support people to make healthy meal choices and there was a rota in place for whose turn it was to cook. People told us “We can have what we want, sometimes we have a take away it depends what we feel like. He [the other person living at the service] doesn’t like spicy food, so when I make a curry I make sure it isn’t too spicy”. Pictorial menus were displayed on the fridge, showing what they were having for their evening meal.

Good

Is the service caring?

Our findings

People we spoke with said that they were happy at the home and "everyone was caring". One person said that the provider was "like my mum, I can go to her about anything". This showed the provider had a positive relationship with people. Staff said that they know them well and enjoy their job.

We observed caring interactions between people, the provider and the staff member. Staff were discussing what that person's plans were for the day. The provider explained that both people who live at the service did volunteer work in the community and that they were looking at other areas of interest for one person. Staff were going through a list of places the person wanted try and get some different voluntary work. They had explored the areas of interest that meant a lot to the person, such as working with animals. One person's love of horses was such; the provider had supported the person to paint a mural of a horse on their bedroom wall. This showed that provider had listened to what the person liked and knew what mattered to them.

People were supported to contribute to the planning of their care. One person had already been involved writing their independent plans. Staff explained that they used pictorial symbols to support the person with completing their plan. One staff member told us about the plans to put everything onto a computer using a pictorial plan so that the people could be involved in updating their own plans. People had control over their weekly plan, they told us about their voluntary work which was something they enjoyed, but they were looking at other areas where they could work. This gave them a sense of responsibility and self-worth. People were encouraged to be as independent as possible whilst knowing there was someone there for them if they needed support. One person told us about their love for horses and how they were looking to see if there were any stables nearby where they may be able to go to work.

A person at the service has had recent involvement with the advocacy service; however they were unable to support them so the provider was looking for support from other areas for the person.

People told us they had residents meetings and their views were listened too. There were weekly group sessions where people learnt life skills and discuss topics such as health and hydration. They also gained support with their individual plans and discussed topics such as overcoming discrimination and sexuality. The service encouraged people to be open and discuss topics which may be important to them, whilst in a safe environment.

People had their own bedrooms and free use of a lounge, conservatory and kitchen. This gave the option of where they wanted to spend their time. All staff respected people's dignity and privacy when providing the one to one care. People understood that staff had to be there at all times, however their privacy was not compromised when using the bathroom. Confidential information such as care records were kept securely so it could only be accessed by those authorised to view it.

Relatives could visit whenever the person wanted them to. The manager and staff would always confirm with the person as to whether they wanted to see them before allowing them access to the home.

Good

Is the service responsive?

Our findings

People received individualised care which met their needs. Their care plans were detailed and informative. They included information about the person and their likes and dislikes. People said they were satisfied with the care and they told us how involved they were in writing the individualised plans. This allowed them control over how they wanted to be supported. The care plans were updated regularly with the input of the people to ensure that the information was accurate and a true reflection of the person's current needs. They provided clear guidance to staff about the person's individual needs, and provided them with clear instructions on how to manage specific situations.

Staff knew what person-centred care meant and could relate how they provided it. They knew people's likes and dislikes. They were knowledgeable about the people's individual needs and how to ensure their needs are met. One staff said that "their [the people's] needs are complex and the care is specific for them. We listen to what they [the people] want, and change or reach a compromise".

The provider had extensive knowledge about the complexity of the people's needs and had plans in place to meet them. They were aware of events and things which may make people at risk of deterioration in their mental health and had various plans in place for what action to take. The provider ran group sessions for the people, where they had the opportunity to discuss issues which they felt strongly about. One person told us "We are Christians" and explained about how their faith was important to them. They said how they had been supported to follow their religion. The provider told us how one person now played drums regularly at church. The provider showed us a DVD which had been made to demonstrate the change in one person at the service. The provider and staff spent time talking to the people in the service. Through these discussions one person had shared their dream and the service managed to support him to fulfil his wish of learning to fly an aeroplane.

People were involved in the planning of activities with support from the staff and the provider. For example, the people who live in the service along with people who are supported in the community were arranging a 'bush tucker trial' at the local church. They were also putting together a play, which involved both the people and the staff. A person told us that at Christmas, they buy gifts for each other and go out for Christmas dinner together as well. This was something that they had chosen to do and staff support them to do this.

The home supported people to make their own choices. People, said, "I can choose what I want to do and where I want to go". For example, people chose not to eat breakfast and this was recorded in their care plans as their choice.

The provider had regular support groups with the people and after any incident a support session was always held to look at why the incident occurred and how it could be avoided in the future. People were supported with their understanding using pictorial cards and good communication skills. The provider worked with the people individually and discussed areas such as sexuality.

Daily records were kept for each person and included anything which had happened during that day. These records were detailed and showed the response the staff had taken to any changes in the plans for the day and the reason behind it. People were involved in the writing of these records and staff supported them to do this by using pictorial symbols.

There was a complaints procedure in place. Records showed that people who used the service were aware of how to make a complaint. Any complaints the provider received had been acted on immediately. The outcome from these was feedback to the person who had made the complaint. People said they knew that the provider would act on any complaint being made. Their views were sought on a daily basis and people were listened to. When a concern had been raised about the provider, this was looked into by a team leader and the provider was not involved in the investigation. This showed the people involved, that it was being looked into fairly.

Good

Is the service well-led?

Our findings

People at the service were on first name terms with the provider and felt able to go to them about anything. They were satisfied with the way their needs were being met, and the way in which the service was being run. Neither wished to move from the home and the person we spoke to did not want to make any changes to how the service was managed.

Staff said the provider was very supportive and focused on the well-being of the people who lived at the service as well as the staff. They told us they were able to go to the provider at any time for advice and guidance. Group teaching sessions were held along with regular staff meetings, where learning needs could be identified and discussions held on topics of interest.

There were a clear set of values and the staff described the service as having "an open culture". A staff member told us "you can go to [the provider] about anything at any time. If [the provider isn't in the service that day, you can just call her". The service worked in a therapeutic way, which allowed people and staff the opportunity to reflect on their behaviours and attitude.

The provider recognised the importance of having motivated staff in order to ensure people's care needs were met. The staff team were highly motivated and well-established. Staff told us they felt valued and recognised the importance of their role and the impact this had on the people who lived at the service. Staff were encouraged to be honest if they made a mistake. From this, actions could be identified and put into place to prevent incidents recurring. Staff were encouraged to give feedback on a daily basis; they held handover twice a day to share information. This information was also recorded in the daily records and any event which occurred was documented at the time it happened.

People were encouraged to provide feedback and their views were actively sought before any changes were made to the service. Residents meetings were held regularly and minutes from these meetings showed what actions had been agreed. One person told us how they had been involved in the décor for the house and had been involved in developing the garden area.

People told us about their beliefs and how important these were to them. The provider had recognised this so built up links with the local church and supported them to attend. People also wanted to be part of the community; both were undertaking voluntary work in the local area. The people had chosen areas in which they had interest and placements had been found for them to attend. The provider ensured that there was robust assessments in place to support them to continue to do this.

Staff are actively encouraged to continue their professional development. All staff are undertaking diplomas in health and social care. The service works closely with professionals and meet with them monthly to discuss whether the service was still managing to support the people safely.

The home's records were well organised and easily accessible to staff. There was an effective system in place to monitor the quality of the service being provided. Regular audits designed to monitor the quality of the care and identify any areas for improvements had been completed by the provider and the team leaders. Where issues or areas for improvement were identified, the provider had addressed them promptly. The provider had sourced external supervision so that they received unbiased feedback and support.

The provider was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.