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Serenity Health Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 30 May 2017 and was announced. This was to ensure someone would be available to meet with us and show us records.

Serenity Health Care provides care and support to people in their own homes. On the day of our inspection there were five people using the service.

Under their registration with the Commission, the provider is not required to have a registered manager in post as they are an individual in day to day charge of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Serenity Health Care had not previously been inspected by CQC.

The provider had an appropriate policy and procedure in place for dealing with accidents and incidents. Risk assessments were in place for people who used the service and staff, and these described potential risks and the safeguards in place.

The provider was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Appropriate procedures were in place to ensure people received medicines safely and as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff supported people at meal times and people's dietary preferences were recorded.

People who used the service and family members were complimentary about the standard of care provided by Serenity Health Care. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were in place, however, some records were not regularly reviewed or kept up to date.

None of the people who used the service were supported to access the local community, however, staff

carried out social calls to keep people company.

People who used the service and family members were aware of how to make a complaint, however, there had been no formal complaints recorded at the service.

Staff felt supported by the provider and were comfortable raising any concerns. People who used the service and family members were positive about the provider and staff and told us communication was good.

The provider did not have an appropriate audit or quality assurance process in place, which meant they were unable to assess and monitor the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 17, entitled Good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

An appropriate procedure was in place for recording accidents and incidents, and risk assessments were in place for people and staff.

People who used the service were protected from abuse and improper treatment.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff received an induction to the service, were suitably trained and received regular supervisions.

People were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People who used the service and family members were complimentary about the standard of care provided by the service.

Access to advocacy services was available for people if they required it.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed before they started using the service.

Support plans were in place however some records were not regularly reviewed or kept up to date.

The provider had an appropriate complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have a robust quality assurance system in place.

Staff told us the provider was approachable and they felt supported in their role.

People who used the service and family members were positive about the quality of the service.

Serenity Health Care

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 30 May 2017 and was announced. This was to ensure someone would be available to meet with us and show us records. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with one person who used the service and two family members. We also spoke with the provider and two care staff.

We looked at the care records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe when receiving care from staff at Serenity Health Care. They told us, "Yes, she's safe" and "No concerns".

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and written references were obtained, which included one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each prospective member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the provider and looked at staff rotas. The provider carried out care visits themselves and employed a small staff team who managed all the visits between them. Staff we spoke with confirmed this and told us they never had any missed calls. A person who used the service told us, "They always come out when they say they are going to come out." This meant there were enough staff to meet the needs of the people who used the service.

The National Institute for Health and Care Excellence (NICE) guidance, 'Home care: delivering personal care and practical support to older people living in their own homes (September 2015)' states providers should, "Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments." We found the provider acted in line with this guidance.

Health and safety risk assessments were in place for people who used the service and staff, and described potential risks and the safeguards in place. These included the risks involved in carrying out personal care, moving and handling, shopping, finance, meal preparation, housework and laundry. Risk assessments we saw were up to date. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The provider had 'Emergency procedures sheets' in place for each person who used the service. This meant staff were aware of what to do in case of emergency in the person's home. For example, instructions in the event of an emergency with gas, electricity, fire and water.

We saw a copy of the provider's 'Safeguarding of service users from abuse' policy, which provided information on safeguarding legislation, recognising and reporting abuse, and action to take. There had not been any safeguarding incidents reported at the service but the provider and staff we spoke with

understood their responsibilities with regard to safeguarding, and staff had received training in the protection of vulnerable adults.

The provider had a 'Dealing with accidents and emergencies' policy, which described how accidents and incidents should be reported, recorded and investigated. There had not been any accidents or incidents reported at the service.

We looked at the management of medicines and saw people had medication support plans in place. These described the level of assistance that people required to take their medicines and whether there was any family involvement in the administration of medicines.

The provider had a medication policy, which included a good practice guide for care staff working in the community.

Medication risk assessments included information about the ordering and collection of medicines, whether the person knew what medicines they were taking, whether the person was able to self-administer the medicines and what storage arrangements were in place.

Medicine administration records (MAR) we saw included the name and date of birth of each person, a list of each medicine, the dosage and time of day the medicine should be administered, and whether the person had any allergies. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. We did not visit people in their homes so we did not see the current MARs, however, we did see records from April 2017, which were accurately completed. This meant appropriate arrangements were in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "[Name] is very happy with them [staff]", "[Name] is well looked after" and "They are very good. I am used to them coming in".

Staff received regular supervisions and were appraised in their roles. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Observations in the workplace were carried out by the provider and included a check that the correct uniform and identification was worn, communication between the staff member and the person who used the service, and observations of the care and support provided.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely and included moving and handling, infection control, first aid, safeguarding vulnerable people, fire safety, medicines, health and safety, communication and food hygiene. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff we spoke with told us they received plenty of support from the provider and their training was up to date.

Some of the people who used the service were supported by staff at meal times. None of the people who used the service were on a specific diet, however, care records described staff responsibilities and the choices people had made for their support at meal times. For example, one person preferred Weetabix for breakfast and cold sandwiches at lunch time. Another person did not like hot drinks.

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. We checked whether the service was working within the principles of the MCA. The provider had a 'Mental Capacity Act 2005 and DoLS' policy and was aware of their responsibilities with regard to the MCA, however, none of the people who used the service lacked the capacity to make their own decisions.

The provider told us two of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Copies of these forms were kept at people's home addresses. This showed that people had chosen and consented to this decision, should such a situation occur.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care provided by Serenity Health Care. They told us, "We are over the moon with the standard of care that Serenity are providing" and "Very, very personal care".

The provider's 'Privacy and dignity' policy described how the service, "Aims at all times to respect the right of its service users to privacy and dignity". We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "Yes they do" and "Yes they do respect me". This meant that staff treated people with dignity and respect.

The provider had an 'Autonomy and independence' policy. This stated that the provider encouraged "active independence" and listed people's rights relating to independence. For example, "To care for themselves as far as they are able and willing" and "To be consulted on all aspects of their care and take an active part in the resulting decision making".

Care records described how staff should support people to be independent. For example, "Maintain independence and promote well-being" and "[Name] is able to use the stand aid with the support of two carers". A family member we spoke with told us, "She's very independent. She's well looked after." This meant that staff supported people to be independent where possible.

Care records described how staff were to provide reassurance to a person who experienced low moods. For example, "Ensure reassurance is given when [name] is low in mood or upset". This meant staff were aware of people's individual needs and were provided with guidance on how best to support the person.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The provider had an advocacy policy, which defined advocacy, what the benefits of an advocate were and how people who used care services should have access to advocates if required. We discussed advocates with the provider who told us none of the people who used the service had independent advocates supporting them at this current time.

The provider told us there were no end of life care plans in place for people who used the service, however, these would be put in place if required.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive as some care records were not regularly reviewed and kept up to date with current information about people's care and support needs.

People's needs were assessed before they started using the service, which ensured staff knew about people's needs before they began providing care and support to the person.

Important information about each person was recorded in their care records such as next of kin details, GP and social worker contact details, a description of the person's care needs, and a health profile recording any previous diagnosis and medical history.

Staff completed 'Time sheets' for each visit, which included the date and time of the visit, length of the visit, and what tasks were carried out during the visit. Daily notes were also kept for each visit, recording detailed information about the tasks carried out. For example, "Personal care carried out. Creamed and repositioned using a slide sheet. Meds given. All breakfast eaten. Cat fed. Bathroom cleaned. All ok on leaving."

Care plans described the support people required at each call visit. These included personal care, medication, meals, laundry and domestic support. However, some records had not been regularly reviewed or kept up to date with the most recent information about the person. For example, one person's care record stated they should have a visit from one care staff member for 40 minutes every morning to assist them and carry out personal care, and another visit for 30 minutes at lunch time. However, we saw from staff time sheets that staff were visiting the person for 30 minutes in the morning and 20 minutes at lunch time. We saw the person's care records had last been reviewed in June 2016 and had been due to be reviewed again in December 2016 but this latest review had not taken place. We discussed this with the provider who told us the length of the visits had been changed by the person's care manager but the care records had not been updated to reflect that. A family member we spoke with confirmed this.

Another person's care record stated they had leg ulcers and required staff to check pressure areas as part of their personal care routine. The care record also stated the person had a pressure sore due to reduced mobility. We could not see any recent reference to pressure sores or leg ulcers in the daily notes or find an up to date risk assessment for this person. We discussed this with the provider who told us the person no longer had a pressure sore or leg ulcers and was no longer at risk, therefore a risk assessment was not required. However, care records had not been updated to reflect the person's current care needs and reduced risk.

Staff we spoke with were knowledgeable about people's care and support needs, however, some care records did not reflect this and regular reviews had not taken place to ensure care records were up to date.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

None of the care packages in place for people who used the service included supporting people to access the local community, for example, to go shopping or take part in other activities. The provider told us this was carried out by family members. However, some visits involved social calls where staff kept the person company.

People were able to make choices about the care and support they received. For example, with regard to food and drink, personal care, clothing, and whether they required any additional support at visits.

The provider had a 'Complaints and compliments procedure' in place which described their responsibilities with regard to complaints and the timescales for responding to complaints. There had not been any complaints recorded at the service and people and family members we spoke with confirmed that they did not have any issues to raise about Serenity Health Care.

Requires Improvement

Is the service well-led?

Our findings

Under their registration with the Commission, the provider is not required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and the carrying on of the regulated activity. Although there had not been a need for the provider to submit statutory notifications to CQC, they were aware of their legal obligations to submit notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

Staff we spoke with told us they felt supported by the provider and were comfortable raising any concerns. They told us, "[Provider] is very supportive", "If we have a problem we can get in touch any time", "We are a team and a family" and "[Provider] is always at the other end of the phone".

Staff told us they were regularly consulted and kept up to date with information about the service. The provider told us as there was a very small staff team and formal staff meetings did not take place as conversations were held with staff on a daily basis. Staff we spoke with confirmed this. The provider and staff told us a local community facility was hired every three to four months for staff to attend training sessions.

People who used the service and their family members told us communication with the provider was good. They also told us, "Serenity is doing a cracking job", "They will do anything for you" and "[Provider] is very supportive". We found the service had a positive culture that was open and inclusive.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

We saw questionnaires had been sent to people who used the service and family members in 2014 to ask for feedback on the quality of the service. Questions included management and organisation, providing care, flexibility of the service, continuity, communication, and staff attitudes, skills and knowledge. The provider told us no surveys had been sent out since 2014 but they were planning to send out new ones.

The provider did not have any audit or quality assurance processes in place to assess, monitor and improve the quality of the service. Care records were not kept up to date as they had not been regularly reviewed or audited. We discussed this with the provider who agreed it would be good practice to implement auditing tools to monitor the quality of the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records in respect of each service user were not being maintained. Regulation 17(1)(2)(c). The quality and safety of the services provided was not being assessed or monitored. Regulation 17(1)(2)(a).