

Serendipity Healthcare Ltd

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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 ●

Summary of findings

Overall summary

About the service

Serendipity Healthcare, is a domiciliary care provider providing personal care to people living in their own homes, so they can live as independently as possible. At the time of our inspection 280 people were using the service. 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 and what we found

There were enough staff to effectively meet the current packages of care which supported people's needs. People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments had been completed, to assess and reduce any risks associated with required support. Staff were recruited in line with best practice. Medicines were managed safely and staff adhered to clear infection control practices. The provider had reflected on any incidents, and lessons had been learned.

People were supported by a regular team of care staff, people said they generally received their calls on time. People were confident care staff had received appropriate training to meet their needs; we saw this was in line with best practice and current guidelines. When people required support with their nutritional intake, this was recorded and reflective of their needs.

People's care was provided by kind and caring staff and people told us they treated them with respect. Care plans reflected individual needs, and any support with communication was identified and addressed. Care staff understood the importance of respecting people's diverse needs and promoting independence.

The provider worked in partnership with other agencies to make sure people received the right care and support. Healthcare was promoted, by staff working in partnership with health and social care professionals. The provider ensured that any complaints had been responded to, and people and staff were encouraged to give feedback.

Auditing and quality assurance processes were robust, systems were in place to further monitor and drive improvement. People were involved in their care and asked for their feedback. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

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.

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

Rating at last inspection

The last rating for this service was Good (28 March 2017).

Why we inspected

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme, if we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Serendipity Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager who was awaiting registration with the Care Quality Commission. A registered manager means that both 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 1 weeks' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 September 2019 and ended on 25 September 2019. We visited the office location on 25 September 2019.

What we did before the inspection

We reviewed information that we held about the service since the last inspection. This included statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send to us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people by telephone, we visited four people who had agreed for us to visit them in their own homes and spoke with three relatives, about their experience of the care provided. We spoke with 12 members of staff, including the director, the manager, team leaders and care workers. We spoke with one visiting healthcare professional during the inspection to gain their opinion of the service.

We reviewed a range of records. This included seven people's care records and four medication records. We looked at two staff files, in relation to training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with three further professionals following the inspection.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person told us, "I feel safe, they knock and call out to me when they enter, and they always lock up before they leave."
- Staff knew people well, and understood what action to take to protect people. We saw examples of concerns they had raised which were acted on swiftly. Staff received training in how to raise concerns and told us they were confident to do so. The provider has recently increased the amount of safeguarding training for staff, as they believed it was important for them to have this more often.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and staff supported people's safety and welfare when their care was provided. Assessments included information on actions to take during care provision, to minimise any risks for people or the staff.
- Environmental risk assessments were carried out in people's homes, to ensure people and staff were safe. This included any hazards in the home environment which may have posed a risk to staff working there, as well as any issues with access to properties, or poor street lighting.
- A call monitoring system was in place to monitor call times and length. This meant that people could be informed if there was a delay with their planned call and could be updated by the office. One person told us, "When they run late, they usually let me know, but not quite always though." The concern over late calls was raised with the manager and director and they told us that whenever possible; if they are informed of a delay they would let people know their call was delayed.

Using medicines safely

- Where people received medicines as part of their care, this was done safely. Where people were being supported to do this independently, risk assessments were in place. We saw that there was a list of descriptions, indicating what each medication was for and the common side effects. This meant staff could be aware of the associated risks and alert appropriate health professionals should there be any concerns.
- Staff had received medicines training and completed assessments for competency in administration, these were recorded to ensure staff fully understood their responsibilities.
- We saw there were clear instructions available for the application of any prescribed creams that people required and where on the body these should be applied.
- Medicine administration records were completed by staff for each administration, these were audited by managers. Appropriate actions were taken by the provider in the case of any medicine error.

Preventing and controlling infection

- People were protected from infections. People told us and we saw, there was provision for staff to wear personal protective equipment (PPE), such as aprons and gloves when delivering personal care. Care plans indicated where any specific hygiene, or infection control measures needed to be taken. Staff told us they had a plentiful supply of PPE and only had to ask if specific items were required, such as protective shoe covers.

Staffing and recruitment

- People told us that mostly, staff were punctual and stayed their allotted time. They told us they usually had regular and familiar staff who supported them. Some people told us that on occasions when it was different staff covering their calls due to holiday, or sickness; their calls had occasionally been delayed.
- Rota planning was well managed to ensure people were not put at risk. Several people did tell us that if their call had been late the staff had apologised.
- Out of hours arrangements were in place should people or staff need additional support. Longer opening hours had been incorporated to the office availability and there was always a manager on call. Staff told us they appreciated being able to call for support with a concern at any time.
- Safe and effective recruitment processes were followed. This helped ensure staff were of good character and able to do their job. Necessary checks were completed, this included obtaining two references and completion of background checks with the Disclosure and Barring Service (DBS).

Learning lessons when things go wrong

- The provider took appropriate actions following any incidents and shared these with the staff. We saw evidence risk assessments were updated and changes were made to care plans as required.
- Contingency plans were in place to ensure that the service continued to run in adverse weather conditions, or during any staff shortages. People whose care needs were identified as being time critical had been identified, to ensure calls to them were prioritised.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People, or relatives speaking on their behalf, confirmed their needs were assessed prior to any services beginning. Several people told us they were involved in the assessment and developing the planning of their care, this meant the staff had clear information on people's individual preferences. One person told us, "Carers always follow the plan and check the instructions before moving me and ask if any recent changes."
- We saw the provider had developed individual care plans with each person, as well as using available information from professionals involved in the care, or from hospital discharge plans. These were available in a printed version in the persons own home and on the computerised system.
- Staff explained they knew how to use the computerised system via a secure app on their phones, many of them commented how it improved their care delivery; as they could record any changes instantly.
- The director and manager explained the computerised system enabled them to monitor any given care and ensured up to date information was to hand should any professionals ring and require this.

Staff support: induction, training, skills and experience

- New staff completed an induction period at the start of their employment. This remained in place until their competency in given tasks were assessed. Staff told us this was a comprehensive induction and included how to provide safe care and support, as well as the necessary health and safety training.
- Staff spoke positively of the training they had received, this included their provision of in-house face to face training. One staff told us, "Excellent training is available here, it shows they really care about their staff as well as the people we support." Other staff told us about access to bespoke training they had received, in order to support people's specific care needs.

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

- People were supported to eat and drink enough if this was part of their agreed care. Care plans included information about any dietary requirements and specific likes and dislikes.
- Staff were knowledgeable about people's nutritional needs and helped people prepare meals if this was part of their plan. One person said, "Staff support me with preparing my meals just as I want them."

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

- People were encouraged to be as independent as possible. However, where staff support was required – we found staff knew enough about the persons health needs to monitor and recognise any changes in behaviours and access support from appropriate healthcare services.
- When changes in condition were observed, staff fed back to the office, or contacted healthcare

professionals directly if required, to ensure people's immediate healthcare needs were met. One professional said, "Communication has been excellent."

- Staff supported people to access healthcare services. One person said, "When I needed emergency help, they rang to get them for me quickly."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's consent for their care was sought and recorded in their care plan. We saw examples of people being offered choices before delivery of their support. People told us staff were very willing and always asked them if there was anything else they wanted them to do. One person said, "The staff know how I want things doing, but they always check and ask if there is anything else." Another person said, "I like them to ask me, they know it depends on how I am feeling."
- Where concerns were raised around people's consent, the manager knew assessments would be needed to establish the persons level of capacity and understanding, and to decide whether a best interest decision was required. We saw evidence of this in people's care plans; where the principles of the Mental Capacity Act were adhered to.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported and said they were treated with kindness and respect. People and their relatives spoke positively about the kind and caring nature of the staff team. Comments included, "You can chat with them like friends" and, "They are always helpful and kind."
- Staff had established friendly, positive relationships with people. People repeatedly told us they saw staff more like family or friends than paid carers. Staff spoke about the people they supported, demonstrating they had a genuine interest and compassion in their caring role.
- People's care records included information about their preferences which included their preferred name and any important details. The registered manager promoted equality and diversity, we saw policies in place to support with this and all staff received training in equality and inclusion.

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

- People confirmed they were involved in making decisions about how they wanted their care to be provided. One person said they preferred having a regular carer because, "I feel more comfortable [with them] because we have got to know each other."
- Care plans were written with people and where appropriate, relatives were involved. People were offered the opportunity to choose the preferred gender for their care staff and wherever possible, this was provided. One person said they were told in advance when this request could not be completed and they appreciated being informed of this.
- We saw the responses to the recent questionnaire and they were, in the majority, very positive comments about the care provided.
- The management team told us they would signpost people to other organisations who could provide advocates if they needed, to help support them in making decisions (an advocate is someone who can support to help express people's views and wishes).

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were complimentary about the staff and told us they felt their privacy and dignity was respected. One person said, "They respect both me and my home which is important." another told us, "They treat me so well, and they treat my things very carefully."
- People were encouraged to be as independent as they wanted to be. People told us staff took time to ensure things were right before leaving at the end of the call. One person explained about the staff, "They are so helpful and kind, nothing is too much trouble for them."
- Staff we spoke with were very motivated to support people. One staff member said, "It's important our job."

I have such a sense of achievement, it's very rewarding." and, "I wish I had found this role years ago."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- On the previous inspection, concerns had been raised about the frequency of late calls. The director and manager explained as part of their auditing and feedback, how changes have been made to try to address these areas. Ongoing monitoring of call times and length is a priority.
- People had spoken to us about their request to have their care provided at a different time. Where they had raised their concerns with the office, when it was possible; the times of their calls had been changed.
- Most people told us they were aware of the procedure for making complaints and how to make one if required. One person told us, "If there was anything serious I would ring the office, they always respond and are quick to reply."
- We saw when a complaint had been raised, the provider acknowledged the complaint, then thoroughly investigated the allegations, before detailing any outcome, or improvement they would make. Complaints were monitored as part of their auditing process.
- We received feedback from involved professionals which stated, "They have been very flexible to meet the needs of people and their carers. If there have been difficulties to resolve, they have always tried to approach these professionally and sensitively."

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

- People received care and support which was responsive to their needs. People had agreed at assessment how they wanted to be supported and this information was included in their care plan. One person said about their assessment, "I put all this together with them and its working."
- We saw from care records and talking with staff, that people were empowered to make choices and have as much control as possible in managing how their care needs were met. One person told us how staff, "Talked about specific health needs, so they can understand how to support me better."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care records demonstrated that the provider identified and documented any communication impairment, and steps were implemented to make sure people had access to the information they needed in a way they could understand it.

- The provider told us they had access to a translation service, to provide information in any language, or alternative format if this was requested, or identified as a need.

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

- As part of the agreed care, the provider supported and encouraged people to access the local community to follow their interests.

End of life care and support

- Some people receive end of life care in their own homes. We saw the service supported people well, by documenting people's expressed wishes. Where people did not want active treatment, or be resuscitated, a copy of this decision was held in their care file and on the electronic system to ensure their wishes were acted on.
- One relative we spoke with said they were, "Highly delighted with this company, they regularly communicate by telephone and have been pro-active in accessing urgent healthcare when required.
- Staff told us that they felt very supported by their team leaders and the director. They told us following a person's death they were often encouraged to discuss and share their thoughts. One staff told us they found this very beneficial, how they had been offered plenty of opportunities to reflect.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The director spoke about the priorities of ensuring a strong, committed, stable staff team. They try to promote this by acknowledging the importance of treating staff well, with good pay and conditions.
- The management team had a very visible presence and led by example. Staff told us they appreciated this. One staff said, "They know how hard it is to do our role, because they do the job themselves and understand the pressures."
- The director told us about their plans to increase their work in the local community. They have offered free training to local community groups and promoted being 'dementia friendly' within the local shops.

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

- The director took a very 'hands on' approach, had a clear presence and led by example. We saw open and honest leadership from both the director and the manager.
- Staff we spoke with said the management were very approachable and they felt they were listened to. There was a clear structure in place for staff to escalate any concerns and an on-call provision. Staff told us they could always access support, including out of office hours.
- Regular audits were carried out. We saw these included accidents and incidents, care plans, complaints, falls, medication and continuity (which looked at receiving care from regular staff). Where required, action plans were developed to assist with driving the service forward.
- Service user surveys were audited and although mostly positive, recurrent themes were around lack of communication. One action resulting from this audit, identified that contact by letter may be more suitable for sharing information with people who used the service.
- The manager was aware of the responsibility of reporting significant events to us and of raising concerns with other outside agencies.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office address and on their website.

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

- Questionnaires were completed from people using the service and staff, these were audited, and any feedback considered for improving the service.
- The staff felt valued and their opinions mattered. One member of staff said, "Some of us have been working here for a long time and feel very supported."
- The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service.
- The provider had a system in place to monitor staff performance through supervision, appraisals and spot checks. The provider also offered incentives for staff and recognised the importance of retaining good quality, experienced staff.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to monitor and assess the quality of the service provided. Daily discussions were held to discuss any issues and what was happening across the service. The provider recognised where there were difficulties in certain locations in providing the expected level of high quality service, and were taking measures to address this.
- Staff meetings were held regularly, and we saw minutes of these where staff could raise issues and discuss concerns.
- Partnerships had been developed with different professionals. One healthcare professional said; "Nothing but good reports about the carers and swift responses from the office." Another said, "The management team communicate well." We also spoke with professionals in the commissioning services who had knowledge of the provider. One example, "I have found their staff to be very communicative and responsive."