Serenity UK Care Limited

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Inspection report

86 Partridge Knoll
Purley
Surrey
CR8 1BT

Tel: 02086606199

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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 UK Care Ltd is a residential care home providing accommodation and personal care for to up to six people. The service provides support to women who have experienced mental health problems. At the time of our inspection there were six people using the service.

People's experience of using this service and what we found
The service did not always make sure people received care and support in a safe and clean environment. The registered manager had not recognised and acted upon the environmental and infection control risk at the service.

Staff were not always clear of the management structure in place. Some important information was not reported to the Care Quality Commission and this meant we could not monitor the service appropriately to make sure people were safe. The registered manager acted on the concerns raised during our inspection. This included changing the way our ratings were displayed on the providers website. Staff told us they were able to report concerns and the registered manager would listen to them and make things better for people.

People told us they liked living at the service. Staff supported people safely with their medicines and these were regularly reviewed to make sure people had the right medicines at the right time. There were enough staff to give people the support they needed. Staff understood how to protect people from abuse. 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 (published June 2018).

At our last inspection we recommended that the provider looked at ways to move the laundry facilities away from the kitchen to reduce the spread of infection. At this inspection we found the facilities had not changed although the provider had introduced the use of red bags to separate and transport soiled laundry.

Why we inspected
The inspection was prompted in part due to concerns received about the provider's other services. These are not currently registered with the CQC. The concerns indicated there may be issues with the way this service was managed and we wanted to be sure the issues raised did not extend to this regulated service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall

rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement
We have identified breaches in relation to environmental safety at the service and the way these risks have been managed. The provider had failed to notify us of certain events that they need to report to us. We have also asked the provider to change the way they display the CQC quality rating on their website to make it clearer for people to understand.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, the local authority and the fire authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Serenity UK Limited

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 Health and Social Care Act 2008.

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

Inspection team
One inspector carried out this inspection.

Service and service type
Serenity UK Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Serenity UK Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with three people using the service, the registered manager and two staff members. We also spoke with three relatives of people who used the service. We looked at records which included care records for four people, three staff files, medicines records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; assessing risk, safety monitoring and management
• The service did not always follow effective infection, prevention and control measures to make sure people were protected from infection and hygiene risks. Staff were not wearing face coverings in line with government guidance. The registered manager told us this had been discussed with people and it had been decided staff did not need to wear masks as part on their infection control strategy. However, we were concerned that people's individual risk of COVID-19 infection had not been assessed and people's views were not recorded.
• The service was in need of a deep clean and aspects of the environment were not safe. Broken and cracked tiles in the kitchen and on the bathroom floor presented a risk of injury to people and meant they could not be cleaned appropriately. Cleaning chemicals were stored in open cupboards, an open boiler cupboard exposed people to a risk of burns from the hot pipes. A lack of hand drying facilities meant people could not adequately sanitise their hands after using the toilet.
• The correct procedures for storing food had not been followed. We found food had been opened but had not been sealed or labelled in line with best practice. Broken fridge drawers presented a risk to people from sharp edges and meant the fridge could not be cleaned effectively. Opened food in cupboards had not been labelled or marked with the date of opening. This put people at risk of infection from poor food hygiene.
• Windows in the first-floor bedrooms had not been adequately restricted to prevent them from opening wide enough for a person to fall from. This was a risk as a fall from height from this window could seriously injure or harm a person.
• We were not assured by the fire safety measures in place at the time of the inspection. A full fire risk assessment had been commissioned by the provider and issues had been found. However, action had not been taken to address the problems identified and to make the service safe. This put people at increased risk in the event of a fire at the service. After the inspection we liaised with the London fire authority about our concerns.

We found no evidence that people had been harmed from the issues we found above. However, failure to address issues around infection control and fire risk placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our concerns both during and after the inspection. Tiles were fixed during our inspection and the registered manager confirmed window restrictors had been fitted to the windows on the first floor. A new fridge had been purchased to replace the broken unit.

At our last inspection we recommended the provider consider current guidance on decontamination of linen for health and social care and to update their practice. This was because the laundry facilities were in the kitchen where food and drink were prepared. The registered manager told us it had not been cost effective to build a separate laundry at the service and the washing machine remained in the kitchen. However, the provider told us red bags had been used to separate laundry and help prevent the risk of cross-contamination and infection.

Visiting in care homes
• The provider was following national guidance and staff told us there were no visiting restrictions in place.

Using medicines safely
• People received their prescribed medicines safely. People's medicines were kept securely and staff carried out regular audits to check that medicines were being managed in the right way.
• We checked the medicine administration records (MAR) for people and did not find any recording errors.
• Medicine reviews were completed regularly to monitor the effects on people's health and wellbeing and make sure the medicine people received was appropriate for them.

Learning lessons when things go wrong
• Staff told us they were supported to report concerns and incidents and knew they would be listened to by the registered manager.
• The registered manager gave us examples of changes they had made as a result of reported incidents such as ensuring people attended medicine reviews and making sure risk assessments reflected people's changing needs. Any changes made were relayed to staff during supervision and team meetings.

Systems and processes to safeguard people from the risk of abuse
• People were protected against the risk of harm and abuse because the provider had effective systems and processes in place to keep people safe.
• People told us they were happy living at the service and interactions with staff were relaxed and friendly. People approached staff without hesitation, and we observed light-hearted conversations, throughout our inspection.
• Staff had received training in how to recognise and report safeguarding concerns and information was available for staff and people on what they needed to do to raise concerns if they suspected abuse had taken place.

Staffing and recruitment
• The service had enough staff to support people during the day. This included additional support for people's activities and community visits. We observed people were going out for walks or to visit the local shops.
• After our inspection we were informed by the provider they had increased the night staff provision from one to two members of staff. This was on the recommendation made by the London fire authority who were concerned, based on the risk assessments in place, one waking night staff would not be able to evacuate people safely in the event of a fire at the service at night.
• The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in the process of being made to deprive a person of their liberty.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

• The provider had failed to understand their responsibilities in line with the requirements of their registration and had not notified the CQC of certain changes, events and incidents. This meant the CQC was unaware of the risks people were facing and was unable to monitor the service and ensure improvements were made.

• The registered manager had been away from the service on leave and told us they had only returned on the day of our inspection. They assured us that the deputy manager had been on site to manage the service in their absence. When we spoke to staff about the deputy manager, they did not know who this was. This meant leadership at the service was not always consistent.

• Some audits and safety checks had been carried out and were up to date, for example, medicine audits and checks such as the fridge and freezer temperatures. However, the monthly visual check on the environment had not identified the issues concerning window restrictors, broken tiles, the storage of cleaning chemicals and the concerns identified around infection and prevention control procedures, including food storage.

• The fire risk assessment was not available to us on the day of inspection and the registered manager sent this to us afterwards. We were concerned the actions identified within the risk assessment had not been completed and the registered manager was only able to give us limited assurance about the actions taken to keep people safe. After the inspection we liaised with the London fire authority about our concerns.

The registered manager started to address some of the issues identified on the day of the inspection and sent further information after the inspection to support ongoing improvements. However, we were concerned about the failure of the registered manager and the provider to assess, monitor and improve the safety of the service. The issues identified above were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

• The provider was responsible for several supported living services that provided support to people. However, only the service at 86 Partridge Knoll was registered with the CQC. The provider confirmed their other services were outside of our regulatory remit. Before the inspection we had received concerns that the provider's website was potentially misleading and assumptions could be made that the CQC rating applied to all of the provider's services.

• The provider's website displayed the current rating for 86 Partridge Knoll but it was not clear which service the rating applied to, and when we tried to open the link to the CQC report it failed to work. This meant

anyone looking at the provider's website may not know which service the rating applied to. We discussed our concerns with the registered manager who agreed to change the website to comply with our regulation.

The provider's failure to display the CQC rating clearly and in a way that was accessible was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

• After the inspection we confirmed the provider had made the link between this location and the CQC address clearer for anyone accessing the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People told us they were happy at the service and felt staff supported them well. Relatives confirmed their family members liked living at the service and would let them know if they felt otherwise.
• The registered manager told us they were proud of the support they gave people and how this helped their recovery. People were supported to develop their independent living skills with the goal of progressing to more independent living. The registered manager told us, "We are always trying to find innovative ways to support people to have a good quality of life".

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; continuous learning and improving care
• The registered manager discussed incidents with people, relatives and staff and gave us examples of the lessons they learned and improvements they had made. Relatives told us they felt listened to and would talk to the registered manager if they had any concerns. One relative told us how they were working with the registered manager and liaising with a healthcare professional to improve their family members care.
• Staff told us they felt supported by the provider and felt able to discuss any concerns. They felt confident the registered manager would take action to prevent concerns from happening again through staff meetings and supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were encouraged to share their views and regular meetings gave opportunities for people to be involved and have their say. The registered manager told us she would spend one to one time with people outside of the service to help them open up and speak with her. This gave people the time and space they needed to discuss any issues or concerns that were important to them.

Working in partnership with others
• The provider worked with other agencies to make sure people had the care they needed. This included health care professionals and social workers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The provider did not always assess and mitigate people's risk Reg 12 (2)(a)(b)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider did not display their rating on their website in a way that made it clear which activities or premises the rating applied to. Reg 20A (2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to assess, monitor and improve the safety of the service. 17(2)(a). The registered person failed to identify risk to people and did not introduce measures to reduce or remove risk. The provider did not ensure their audit and governance system remained effective and failed to act on risk identified. 17(2)(b)(f)

The enforcement action we took:

A warning notice was issued.