

Serene Healthcare Group Ltd

Serene Healthcare Group Office

Inspection report

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Date of inspection visit:
05 July 2023

Date of publication:
04 August 2023

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Serene Healthcare Group Office is a domiciliary care agency providing the regulated activity personal care. The service provides support to adults over and under 65 years, people with physical disability, sensory impairment and people living with dementia. At the time of our inspection there were 20 people using the service.

Not everyone who used the service received personal care. Care Quality Commission (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

People's medicines were not managed safely. Systems were not in place to check gaps in recording on people's medicines records, which meant the provider could not be assured medicines had been administered. We found 2 people's medicines were not being given following the prescribing instructions. We also found people with 'as required' medicines did not always have guidance in place for staff to follow.

Risks to people's safety did not always have clear guidance in place for staff to follow. Some records had conflicting information about people's needs and it was not always clear what action staff should take to keep people safe. Some staff had not been provided with moving and handling practical skills training or assessed for competence to carry out safe moving and handling tasks. The provider assured us practical skills training was booked for after our inspection.

Governance systems were not effective to identify shortfalls in care delivery and records. For example, medicines audits did not include a check of people's medicines records. This meant the provider had not identified gaps in recording and taken corrective action. Some of the providers policies and procedures did not include using electronic care planning records. The complaints policy did not signpost people to the right agencies to escalate their concerns. We have made a recommendation about this.

There was a registered manager in post who was supported by the provider. There were systems to respond to safeguarding concerns. Staff had safeguarding training and told us they would report any concerns to their management teams. People were supported by enough staff and staff had been recruited safely.

Staff had induction training and were supported with supervisions and staff meetings. Staff had training on a variety of topics such as medicines, dementia and infection prevention and control. Staff told us they enjoyed their work and people and relatives told us staff were caring. There had been no missed calls.

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. People had their own electronic care plan which was reviewed regularly. The provider was in

the process of changing their electronic care planning system during this inspection due to issues with connectivity. The provider was hoping the change would help them improve record keeping.

Staff were provided with personal protective equipment and training on infection prevention and control. If people needed help with meals staff were able to help with food preparation.

Incidents and accidents had been recorded and reviewed. Any measures needed to prevent incidents from reoccurring were identified and discussed with staff. All notifications for incidents or events had been submitted to CQC.

The provider carried out unannounced spot checks to monitor quality of care delivery. People were encouraged to share their views and had regular care reviews. Complaints were managed and actions taken to make improvement where possible. The service had received many compliments about care provided, particularly end of life care.

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

Rating at last inspection

This service was registered with us on 7 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made 1 recommendation about the provider's complaints policy.

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 and local 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Serene Healthcare Group Office

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.

Inspection team

This inspection was carried out by 3 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 July 2023 and ended on 14 July 2023. We visited the location's office on 5 July 2023.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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

We spoke with 4 relatives of people receiving care about their experiences, 3 members of staff, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 2 healthcare professionals for their views about the service.

We reviewed care records for 5 people including medicines records, 4 staff recruitment files, training information, supervision records, quality surveys, incident records, safeguarding information, risk management plans, quality monitoring records and quality audits. We also reviewed policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely.
- People with 'as required' medicines did not always have guidance in place for staff to follow when administering this medicine. The registered manager sent us 1 person's guidance following our site visit.
- We found multiple gaps in recording on people's medicines administration records (MAR). The registered manager had not investigated these gaps so was not able to assure themselves people had been given their medicines as prescribed. This placed people at risk of harm.
- We found prescribing instructions recorded on MAR had not been checked thoroughly for accuracy. For example, 1 person was administered their medicine every other day but their MAR instruction said it was to be given daily. The registered manager was not sure what the prescribing instruction should be.

Failing to have safe systems in place to manage medicines safely 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.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks to people's safety had been assessed but guidance was not always clear or in place. We found 1 person had been identified at risk of developing pressure ulcers. Records were conflicting as they recorded the person's skin was intact but also the person's skin had a pressure ulcer. Guidance was for staff to re-position them regularly. It was not clear what regularly meant.
- People with catheters had guidance for staff to follow. However, this guidance did not include signs of infection or how staff should support people's catheters to reduce risks of infection.
- For a person who was at risk of falls we found they did not have a risk management plan. This meant staff had no guidance on what to do to reduce the risk of the person falling.
- Some staff had not received practical moving and handling training. Whilst they had been provided with e-learning training they had not been shown how to move people safely. They had also not been assessed as competent to move people using safe techniques.
- The registered manager told us staff without the practical training worked with people who were mobile. However, we found 2 members of staff were working with 1 person who needed re-positioning regularly. The registered manager and provider told us these staff had been shown techniques and would have the training needed following our inspection.

Failing to have detailed, accurate and clear risk management plans to guide staff on safe ways of working placed people at risk of harm. Failing to provide staff with training to ensure they had the right skills and

were competent, 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.

- People were cared for by enough staff. The provider told us they would not take on care packages unless they had the staff to support people safely.
- Recruitment had been challenging so the provider had signed up with the Government to sponsor workers from overseas.
- Most care packages in the service were for live-in care. This meant staff lived with people and received a daily break. Staff worked for usually 3 weeks at a time then had 1 week off.
- Staff had been recruited safely. The required pre-employment checks had been carried out including a check with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risks of abuse.
- Relatives told us people were safe. Comments included, "[relative] is safe. If I have a safeguarding concern, I feel able to speak with the manager" and "[relative] is safe and being provided with safe care."
- There were systems to make sure safeguarding concerns were dealt with in an appropriate and timely way. The provider had shared concerns with the local authority and notified CQC as required by law.
- Staff received training on safeguarding during their induction and understood their role to help keep people safe. One member of staff said, "I have had training in this. I did an online course with videos, and I had to answer questions. The managers gave me clear instructions on what to do with safeguarding."
- Staff were confident the management would act appropriately with any information about concerns.

Preventing and controlling infection

- The provider had policies and procedures to prevent the spread of infection and help to keep people safe.
- Staff were provided with training on infection prevention and control and had been given personal protective equipment.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager and the provider. Any changes to prevent recurrence were identified and discussed with staff at meetings.
- The provider told us they were open to any feedback about the service to learn and do things differently if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Prior to any service starting the registered manager visited people to carry out an assessment. This helped to make sure they could provide a safe, effective service. One relative told us, "[registered manager] did a full pre-assessment which was very respectful of [relative]. They asked lots of good questions and got a good sense of what my [relative] was like."
- The registered manager told us they often had assessment information from local authorities or health professionals which also helped to assess people's needs.
- Information gathered during assessments was used to write people's care plans which covered all their needs.

Staff support: induction, training, skills and experience

- New staff had an induction which included training and regular meetings with senior staff. Staff were supported to complete the Care Certificate as part of their induction to their new role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager told us she often had new staff work alongside her when shadowing. This enabled her to show them the right way to provide care in keeping with the providers policies. One member of staff said, "I was given training, policies and [registered manager] drove me to introduce me to the clients. [registered manager] trained me and was with me for 2-3 weeks."
- Staff had opportunities for supervisions and appraisals of their performance. The registered manager told us they were available to talk with staff at any time, not just for planned meetings. Staff confirmed managers were supportive and approachable.

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

- If people needed support with food and drink, this was recorded in their care plan. Staff had food hygiene training so they could help prepare food safely. One member of staff said, "I support people with preparing food and drinks. It is written in their care plan, their likes, dislikes and any allergies."
- The provider told us they did not provide support for people with specific risks in relation to eating and drinking, but if they needed to, they would seek specialist guidance.

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

- Staff communication was effective. Any changes in people's needs were recorded and shared with the

registered manager. Relatives told us they were kept up to date with any changes in people's needs. One relative said, "Staff ring me if there is anything."

- Staff were aware of people's health needs and made timely referrals to healthcare professionals when needed.
- People's health needs were supported where appropriate. The provider was aware of what staff could do safely and where professional guidance was needed.

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 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 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.

We checked whether the service was working within the principles of the MCA and found they were.

- Staff had training on the MCA and understood the principles. One member of staff told us, "We ask for consent, managers told us it is really important to engage with people."
- Where people lacked capacity, it was recorded in their care plans. The registered manager told us they knew which relatives had appropriate legal permissions to assist people to make decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us they staff were kind, caring and competent in their roles. Comments included, "Absolutely amazing, I cannot fault them [staff], they are so lovely, really kind and caring" and "Staff are caring and listen to my [relative], staff know what they are doing and definitely take good care of [relative]."
- Staff enjoyed their work and liked caring for people. One member of staff said, "I think I am fully satisfied with the job; it is all good."
- Staff told us they had time to sit and talk with people, listening to them and giving assurances if needed about anxieties. One member of staff said, "I enjoy looking after our clients and giving them what they need, being there for them in times of need."
- Whilst staffing had been challenging for the service, they aimed to provide people with a consistency of care. One relative told us, "We have the same staff. The changes are only when it needs to happen, for example to cover annual leave. This means [relative] knows what is going on."
- Management tried to make sure people were matched with care staff with the same type of personality so they would get on well. One relative said, "[Registered manager] supported the introduction of the carer to [relative] and the family, so [relative] was happy from the off."

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

- People and relatives had been supported to be involved in their care as much as possible. Staff recognised people's rights to choose and made sure this was respected.
- People were also encouraged to share their views about their care when the provider or registered manager visited their home to carry out a spot check on staff. These views were recorded on spot check records and changes could be made to care packages if needed.
- The provider gave people a 'service user guide' which had information about the service and external agencies. It did not have information on local advocacy services. The provider told us they would review the guide and include information to signpost people to this type of service.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected people's privacy and dignity.
- Staff told us how they made sure care was provided in a dignified way. One member of staff said, "We make sure when we provide personal care, only the person and the staff member should be there. Windows and doors are closed. If we are washing a client, we cover them and never leave them."
- People's independence was supported. Staff told us they encouraged people to do as much as they could for themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained personalised information about people's needs. Staff told us they had time to read people's care plans and risk assessments. One member of staff said, "Managers tell me the first thing I must read is the care plan. We use an [electronic device] to log all the calls."
- People and relatives also had access to the [electronic device] to read their care plans and daily notes. One relative said, "They [staff] use an [electronic device] which keeps me in the loop. This is really helpful when I call [relative] and easy to use."
- The provider told us they aimed to carry out a review soon after the care package started to make sure people had the care they wanted and needed. After this initial review, staff reviewed care plans every 3 months or sooner if needed.
- Daily records were checked regularly by the management and any concerns in recording were addressed. For example, we found some inappropriate comments recorded which the registered manager had already identified. We could see this issue had been addressed in staff meetings.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded. Staff were aware of how best to talk with people and make changes to communication if needed.

Improving care quality in response to complaints or concerns

- Complaints were managed well and where changes could be made to improve the service, the provider took action. For example, a relative had complained about not being able to see records on the electronic care planning system. The provider reviewed the system in use and identified a newer more effective system would be an improvement. This had been identified and records were being moved to this new system during our inspection.
- A complaints policy was in place. It gave people information on how to make a complaint and the timescales for the provider to respond. One relative shared with us that they did not have access to this information. We shared this feedback with the provider who told us they would make sure everyone had the complaints policy.

- The complaints policy informed people and relatives to know what to do if they were not satisfied with how their complaint was managed. We found the complaints policy directed people to share their complaint with CQC. This was misleading for people as CQC do not investigate individual complaints. The details for the Local Government Ombudsman who do deal with complaints were not on the policy.

We recommend the provider review their complaints policy to include details of who people and relatives can escalate complaints to.

End of life care and support

- Staff were provided with end-of-life training as the service carried out care for people at the end of their lives.
- The provider and registered manager were both registered nurses and had worked in local hospices. They were experienced in providing end of life care and understood how important it was for people to be comfortable and pain free.
- The service had received lots of compliments from relatives to thank them for the care provided at the end of people's lives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- Governance systems were not effective in identifying improvement needed. For example, the provider had carried out audits of medicines, but not recorded checks on people's medicines records. We found many gaps in people's medicines records which meant the provider was not able to be assured people had their medicines.
- Care plan audits were carried out but did not identify which care plans had been checked. This meant actions identified were not specific to which care plan was needing the improvement. We found shortfalls in people's care plans which had not been identified by the provider's quality monitoring systems.
- The provider's policies and procedures had not been updated to reflect the electronic recording systems. This meant procedures for staff to follow were out of date and not relevant to the systems in use.
- Some parts of the providers policies were not being followed. For example, the provider stated in their medicines policy they would check people's medicines records weekly. This had not taken place and we found shortfalls with people's medicines records which had not been identified.

Failing to have effective governance systems in place to assess, monitor and improve the quality and safety of the service placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider and registered manager were both committed to providing good person-centred care. The service was small which meant they knew people's needs and what care was being provided. One relative told us, "Managers are sensitive and responsive, they respond quickly."
- Staff told us they were well supported by management and could approach them at any time. Comments from staff included, "[registered manager] is very supportive, they are very professional and friendly at the same time. I can raise anything with [registered manager] about the work or any other issue. They are completely open" and "Management are approachable, when you need assistance, they are always available to us."
- The provider had equality and diversity policies and encouraged their staff to respect people's choices and differences. In the provider information return the provider told us, 'All clients are treated with respect to preserve their dignity. This includes their choices, beliefs, and preferences'. One member of staff said, "Everyone is different, and it is always good to learn. We meet different clients, so we get the chance to learn."

- Many staff working for the service were from overseas and had recently moved to this country. We could see in staff meeting minutes new staff were welcomed and introduced to the team. One member of staff said, "We have meetings in person, and they all welcomed me which is really good. This was supportive for me being in a new environment."

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

- The provider had a duty of candour policy. There had been no notifiable incidents since the service started but the provider understood their responsibilities.

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

- There was a registered manager in post who was supported by the nominated individual. Both were registered nurses and worked daily to manage the service.
- The registered manager was aware of their responsibility to notify CQC of any incidents or events as required to by law.
- The provider had registered with a local provider's support network to link with other providers in the area. This network also provided guidance and training for both registered managers and providers.
- Management carried out monthly unannounced spot checks for staff. This helped to check staff were working safely and completing daily records as needed.

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

- People and relatives had been encouraged to share their views of the service. The provider had carried out a survey and was collecting results when we inspected. Those we reviewed were very positive about the care provided and the staff approach.
- Staff had monthly meetings where they could discuss their views and share ideas for improvements. Any ideas shared were considered and if appropriate changes were made. One member of staff said, "I have attended staff meetings, we have them every month. They [management] asked us our opinions and we talked about clients and training needed."

Working in partnership with others

- The registered manager told us they had contact with local professionals to help them meet people's health needs. Staff were in contact with professionals such as occupational therapists, community nurses 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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and take action to mitigate risks. The provider had failed to make sure staff had the competence and skills to provide care safely. Medicines had not been managed safely.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to put into place governance systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a)</p>