

Serendipity Healthcare Ltd

# Serendipity Healthcare Ltd (Amber Valley Branch)

## 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 Ltd (Amber Valley Branch) is a domiciliary care provider providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection 55 people were using the service. Not everyone using Serendipity Healthcare Ltd (Amber Valley Branch) services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; 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

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including the use of equipment to assist them to move. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident any concerns they raised, would be reported and investigated by the management team. Staff had been recruited safely and there were enough staff to effectively meet the current packages of care which supported people's needs.

Where people received assistance to take medicines, records were kept so this was done safely. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. People had support, when required, to liaise with healthcare professionals to ensure they remained well.

People had developed caring relationships with the staff who supported them, and people told us they treated them with respect. People were appreciative and spoke fondly of staff. The provider had developed good working relationships with other health and social care professionals to support the needs of people using the service.

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.

There were systems in place to further monitor and drive improvement through auditing. People were involved in their assessment and care planning and were asked for their feedback of the service. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 12/03/2018 and this is the first inspection.

### Why we inspected

This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Serendipity Healthcare Ltd (Amber Valley Branch)

## **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 a single inspector.

#### 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 registered with the Care Quality Commission. This means that 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 three working days' 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 19th November 2019 and ended on 20th November 2019. We visited the office location on 20th November.

#### What we did before the inspection

We reviewed information we had received 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 four people and their relatives on the telephone and visited five people who had agreed for us to visit them in their own homes and spoke with four relatives. At the registered office we spoke with four staff, the director and the registered manager. We received feedback from four health and social care professionals.

We reviewed a range of records which included people's risk assessments and care records, medicine records and daily log sheets. We also reviewed information which detailed when people had their support visits, quality monitoring, and records in relation to the management of the service. We looked at two staff files in relation to recruitment, training and supervision.

# 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 for this newly registered service. This key question has been rated Good. 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 with them when they provide my care."
- Staff knew people well and understood the actions needed to protect people.
- Staff received training in how to raise concerns and told us they were confident to do so. The provider has recently increased their frequency of safeguarding training, as they believed it was important for staff to have this more often.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and recorded. One person told us, "I feel safe when they support me, they explain and tell me what they're doing – but to be honest, they've been coming that long they no longer have to."
- Assessments included detailed information on actions to take during care provision to minimise any risk for people or their staff. For example, risk assessments in relation to moving and handling included guidance, provided following an assessment by an occupational therapist.
- Environmental risk assessments were carried out to identify any potential hazards which may have posed a risk, this included the property and the task to be completed.
- A call monitoring system was in place to monitor call times and length. This meant people could be informed if there was an expected delay to their planned call by the office staff.
- 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.

Using medicines safely

- People received safe support with their medicine when this was included as part of their planned care. We saw risk assessments in place to support this practice.
- Staff had received medicines training and completed assessments for competency in administration, these were recorded to ensure staff fully understood their responsibilities.
- We saw that when there were changes completed for people's medicine, the information was shared with the office. Any changes were immediately uploaded and documented on the electronic system for staff to follow.
- Medicine administration records were completed by staff for each administration, these were audited by the registered manager. Appropriate actions were taken by the provider in case of any medication error.

### Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood infection control procedures, by using personal protective equipment, such as aprons and gloves when delivering personal care. Staff told us they had access to a plentiful supply of equipment for use.
- Care plans indicated if any specific hygiene, or infection control measures needed to be in place.

### Staffing and recruitment

- People told us their staff were punctual and stayed their allotted time. One person advised, "I always have the allotted time even on weekends." Some people told us there had been occasions when a call had been delayed, but they were usually informed if this was going to happen by the staff, or the office.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. Staff we spoke with confirmed this approach had been taken as part of their recruitment process.

### Learning lessons when things go wrong

- The provider took appropriate actions following any incidents, investigated and shared the outcomes with staff. We saw risk assessments were updated and changes made to care plans if required.
- Formal analysis of any themes and trends were identified and considered by the service, in order to identify any patterns and to support greater oversight.



# 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

- People we spoke with confirmed their needs were assessed prior to their services beginning. Some people had been directly involved in their care planning, other people advised their relatives had been involved to help give individual preferences when developing their support plan. One relative said, "We had been looking after [name] so because it was done with family we knew what was required and could tell them."
- Staff used a computerised system via a secure app on their phone, which allowed them to view and record any changes instantly. Staff we spoke to said they liked this technology, "It means everything is immediately up to date for us."
- The registered manager explained the computerised system enabled them to monitor call times, any care given and ensured up to date information was also readily available for medical professionals should they enquire via the office.
- The service had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. This supported the full assessment of people's physical, mental health and social needs.

Staff support: induction, training, skills and experience

- All new staff completed a thorough induction at the start of their employment, this remained in place until their competency was assessed in given tasks.
- Staff received in house face to face training, as well as accessing external resources if required for more specialist courses. Staff spoke positively of the face to face training, for example, "I'd rather be shown these things, know how to do things properly and they demonstrate how to do it with us all individually."

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

- People were supported to eat and drink or prepare meals if this was part of their agreed care. Care plans were clear about people's preferences and any dietary requirements. One relative told us, "The staff will do whatever they can to encourage [name] to eat, even fried bacon!"
- Staff had the skills to support people with shopping if this were part of the overall care package and were trained in the importance of keeping healthy and maintaining a balanced diet.

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

- People were supported to manage their own health care needs when they could. Feedback from one professional confirmed, "The care co-ordinator responds quickly to any issues that may arise and shows a real understanding of the person's complex needs."

- Care plans reflected health care needs and any specific guidance was documented and shared with staff. For example, where people had equipment to support their needs, staff had received the necessary training to give safe support.

#### 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 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.

- People using the service generally had the capacity to make decisions and choices about how they received their care, staff asked for their consent before delivery of required support. One staff said, "Just because [name] has a diagnosis of dementia, we don't ever presume they can't make choices."
- People's capacity had been assessed and records showed that where people may be lacking the capacity to make decisions, a two-stage assessment of their capacity was carried out.

# 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 told us they usually had regular staff which helped them develop supportive and meaningful relationships.
- People and their relatives spoke positively about the kind and caring nature of the staff team. Comments included, "They are lovely, honestly, you can chat with them like friends" and, "They are helpful and kind, and always ask if there is anything else they can do before they leave."
- Records seen included information about people's preferences, including their preferred name and any important details. We saw policies in place promoting equality and diversity, the director expressed the importance of this as requirement throughout the service.

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

- People were fully involved in making decisions about their care whenever possible. People we spoke with said they were encouraged to discuss their care provision and any changes they felt may be required.
- Staff were motivated and keen to support people to the best of their ability, treating them with dignity and respect. One staff explained, "They want it done their way – so it's not fair to do it your way. You talk and listen to them, let them do the parts they can, it might be slower, but they must keep their independence."
- Records demonstrated regular reviews were held. We could see this had involved contributions from both people, and those who were important to them.
- The director told us they would signpost people to other organisations who could provide advocates if needed, to help support 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 very complimentary about the staff and told us they felt their privacy and dignity was always respected. One person told us, "Staff ring the door bell and knock on my inner door before they come in. They do not enter without calling out to say who they are."
- We saw polite and friendly interactions with people from staff, demonstrating they knew people well and had established effective relationships.
- Staff told us key values of dignity and respect were included in their training and they put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.

# 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

- Before people started to use the service, an assessment was carried out to ensure staff could provide them with the care and support they needed. This information was used to develop care plans with people.
- People told us that the service was flexible with their individual needs and preferences when possible. One relative said they had been good with short notice changes, they explained, "We contacted the office to delay the next planned call, we had been out and wanted to make the next call a bit later and they did this no problem. It was good they were able to be flexible that time."
- Care plans were sufficiently detailed, giving members of staff relevant up to date information for the people that used the service. Information was reviewed and updated as people's needs changed.

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.

- Care plans included information about people's specific communication requirements.
- Information was available if required in a range of formats and methods to support people with their understanding.

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

- When included as part of their overall care package, people were supported to access community and social activities with the support of staff.
- The director informed us they have a newsletter which they send out and the most recent one, for winter; detailed the local activities available and how to contact event organisers. Where possible the staff could support people to arrange to attend events, to maintain levels of independence and involvement in the community.

Improving care quality in response to complaints or concerns

- All the people we spoke to were aware of the complaints procedure and how to make a complaint if required. Several people told us they would have no hesitation in raising a complaint if they needed to – but had no concerns currently.
- We saw a copy of the complaint's procedure in place. We saw those which had been received were fully considered and responded to in line with the provider's policy and procedures.

## End of life care and support

- Some people received end of life care in their own homes. We saw the service supported people well by documenting their expressed wishes. Where people did not want active treatment, or to be resuscitated the medical agreement was held in the care file and on the electronic system to ensure their wishes were acted on.
- Staff received end of life training and told us they felt supported by the management and could approach them at any time for advice or support.

# 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 Good. 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

- Staff told us they felt there was a positive culture in the service. One staff member said, "It's a really positive place at the moment, all the staff support one another." They told us they were informed of organisational information and changes through regular updates, they said it was important they were kept fully informed and appreciated attending the wider service meetings, as well as their local one.
- The director and registered manager both took a very 'hands on' approach, had clear presence and led by example. Both they, and the staff we spoke with demonstrated a commitment to providing high-quality, person centred care.
- The director spoke about their priorities of retaining a strong, committed, stable staff team. They explained they acknowledge the importance of treating staff well, with good pay and conditions.

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

- Staff told us during supervisions and team meetings, they talked about any potential learning from incidents and what they could do to prevent things from happening again.
- There was a clear structure in place for staff to escalate concerns, an on-call provision made sure there was always support available out of office hours. Staff told us the management were always very approachable.
- The registered manager was aware of the responsibility of reporting significant events to us and of raising concerns with outside agencies as required.
- The provider had clear policies and procedures to promote best practice. There were a range of audits to reflect on the quality of care. All incidents were audited and analysed to establish any trends.

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

- Questionnaires had been completed from people using the service, these were audited, and any feedback used to help drive improvement.
- Staff we spoke with told us they felt valued and their opinions mattered. They told us they felt comfortable raising any issue of concerns and knew who to go to for support and advice. One staff told us, "Support level is there 100% and everyone is always there for you."
- The provider had systems 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.
- Partnerships had been developed with different professionals. We spoke with professionals in the commissioning service who had knowledge of the provider to confirm good relationships had been developed.