

Your Serenity Limited

Your Serenity Limited, Room 6

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

Your Serenity Limited is a domiciliary care agency providing care and support to people living in their own homes. It provides a service to older adults, people living with dementia and people living with a physical disability. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 22 people living in the Newbury, Thatcham and surrounding areas.

People's experience of using this service

People were safely supported by enough staff who understood their responsibilities to safeguard people from discrimination, neglect, and abuse. Staff had effectively identified and assessed risks to people's health and safety, which were managed safely to protect them from harm. The service had good staff retention so people experienced care from trusted staff who knew them well and how to meet their needs. The provider's recruitment policy reflected best practice and ensured only staff suitable to support vulnerable people living in their own home were appointed. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so regularly assessed. Staff followed required food safety standards when preparing or handling food. Staff were supported to raise concerns and report incidents and near misses, which ensured action was taken to protect people from similar events in the future.

People experienced support which was effective, reflected best practice guidance and achieved good outcomes, enabling them to have a good quality of life. People were supported to eat and drink enough to meet their needs and maintain their health. 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.

Staff were very kind and caring in their approach, which reflected the values of the service, to treat people as they would one of their own family. Staff respected people's individuality, their identity and their independence. People and their families were supported to specify the care they wanted, how they wanted this to be delivered and support plans were fully reflective of their wishes.

People were at the heart of the service and consistently experienced person-centred care, which was responsive to their needs and reflected their choices, preferences and wishes. Staff felt valued and respected by the registered manager who had created a true sense of family within the service. Staff were passionate about the people they supported and continuously strove to achieve good outcomes for them. At the time of inspection, the service was not supporting anyone with end of life care. However, when people had experienced end of life care, this had been delivered to ensure their wishes were respected.

The service was well managed and well organised. The registered manager was highly visible and provided

clear and direct leadership, which inspired staff. The registered manager had the skills, knowledge, and experience to lead effectively. There were robust arrangements to monitor the quality of the service, the performance of staff and to drive continuous improvements, to ensure people experienced high quality 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 6 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

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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 one 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 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.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the office location and completed three home visits on 21 January 2020. We completed surveys of people, their relatives and staff we were unable to speak with on the day of our site visit between 27 January and 20 February 2020.

We spoke with three people who used the service and two relatives. We spoke with the registered manager at the site office and two care staff during home visits. We reviewed care plans of eight people, including risk assessments relating to skin care, falls management, and nutrition. We also reviewed the daily progress notes and medicine administration records of these people. We looked at five staff recruitment files, together with the provider's training and supervision schedules, together with documents relating to the management of the service, including policies, procedures and quality assurance audits.

After the inspection

We spoke with four people who used the service, two relatives, five staff, the provider's external trainer and four health and social care professionals.

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, relatives and professionals told us people consistently experienced safe care from staff they trusted. One person told us, "I feel safe because the carers [staff] are really caring and really reliable. They never let you down and are never late, well hardly ever and if they are they let you know." A relative told us, "They [Your Serenity] are the best [provider] we have had because you know who is coming and it's the same carers who have got to know [loved one] so well." A community professional told us, "I find [the registered manager] is very responsive and has a person-centred approach to ensuring the people she supports are getting a safe service."
- The registered manager had established and effectively operated systems, processes and procedures to protect people from the risk of poor care. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to report any concerns, both internally and externally. Staff were well trained and were particularly vigilant for the different signs of abuse, such as bruising or changes in behaviour.
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, moving and positioning and developing pressure areas. Support plans gave detailed guidance for staff on how to manage those risks while delivering different elements of care.
- The registered manager worked with people and their families to understand how best to manage their risks in the least restrictive way, to give them choice and control, and involved them in developing their risk management plans. This helped to keep people safe, whilst promoting their independence.
- The provider's emergency procedures gave staff clear instructions about the action to be taken in foreseeable emergencies. For example, when a person is found unconscious or when an emergency occurs whilst care is being given. Staff understood the emergency procedures and were able to give examples to demonstrate how they had followed them to keep people safe.

Staffing and recruitment

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to support vulnerable people living in their own homes. These checks included prospective staff's conduct in previous care roles and their right to work in the UK.

- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. People's visits were well organised and coordinated effectively to enable staff to spend quality time with people. The registered manager completed a staffing needs analysis before taking on new care packages and told us they were focussed on delivering quality care. The registered manager told us they refused to compromise on the quality and safety of people's care. Documents demonstrated how the registered manager had declined care packages, where they could not guarantee enough suitable staff to meet people's needs.

- Without exception, people told us they experienced good continuity and consistency of care from regular staff who knew them well. The provider effectively recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people. A relative told us, "The best thing about them [staff] is their reliability. They come at a time that suits us and they are all familiar, friendly faces who know what to do."

Using medicines safely

- The provider's policies and procedures gave clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- The registered manager completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken. Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- People received their medicines from staff who had completed the provider's mandatory training. The registered manager and external trainer completed annual competency checks to make sure staff training had been effective and was appropriately implemented in practice.

Preventing and controlling infection

- The service managed the control and prevention of infection in accordance with recognised best practice. People's individual risks and needs around infection control were fully considered in their support plans. These plans reflected good hygiene practice in guidance for staff on how to support people with their personal care, as well as eating and drinking.
- Staff had completed relevant training in relation to infection control and food safety.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food. Staff had access to the necessary personal protective equipment (PPE) to minimise the risk of infection. We observed staff consistently wearing PPE, such as disposable aprons and gloves, when required.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed at staff meetings. The registered manager ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.
- Staff raised issues promptly when people's needs changed. For example, where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.

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's assessments and care plans considered relevant standards and guidance. Staff understood and delivered care in line with standards from the National Institute for Health and Care Excellence, other professional bodies or organisations and advice from specialist healthcare professionals. For example, the registered manager completed support plans which aimed to maintain and improve people's oral health and ensure timely access to dental treatment if required.
- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, how they wished to be supported. This enabled staff to support people effectively to achieve good outcomes, such as working to increase their strength, mobility, nutrition or to maintain healthy skin.

Staff support: induction, training, skills and experience

- Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they received effective supervision, appraisal, training and support which enabled them to carry out their roles and responsibilities effectively.
- Staff were supported to access training and develop skills relevant to their role. Staff told us they felt well supported during their induction to the service, with face-to-face induction training and shadow shifts with more experienced staff. Staff with previous experience working for other providers were not allowed to work for Your Serenity until they had completed their mandatory training and induction programme. The provider had employed an external training specialist to deliver all of their required training. Staff consistently praised the quality of their training and made positive comments such as "The training here is excellent, the trainer makes it really interesting" and "It's the best training I've had." One staff member told us their proudest moment came when they effectively supported a person, in accordance with their training and the person's support plan, whilst they were experiencing a seizure. They told us the provider's training had equipped them to remain calm and instilled them with confidence to support the person to remain safe until paramedics arrived.
- Staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. People and their relatives fed back positively about the skills of staff, reporting they were knowledgeable and capable.

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

- People were supported to have enough to eat and drink to remain healthy. The registered manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being. Staff knew about people's specific diets and personal preferences.
- People's care plans explored whether they had a good appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition or weight loss. Staff followed guidance from relevant professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions.
- During home visits, we saw staff gave people choices of food and prepared it as they wished, in accordance with their support plans. Staff ensured people had access to drinks they enjoyed and encouraged them to drink plenty to reduce their risk of dehydration.

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

- Staff worked well with other agencies and organisations to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made prompt referrals and liaised with other healthcare professionals when the need arose.
- Health care professionals consistently told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records were accurately maintained of any advice offered with follow ups were documented.
- Staff ensured that people received consistent, coordinated, person-centred care and support when they were referred to, or moved between different services. Staff worked closely with community professionals to ensure people had the correct equipment they required to promote their safety and independence. For example, staff had arranged visits by occupational therapists, which led to more appropriate supportive equipment being provided to meet the person's needs.

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.

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.

- Staff had a good understanding of mental capacity and how this impacted people, including how to promote choice and control wherever possible for people. People's capacity to consent to their care had been assessed, where appropriate.
- Where people lacked capacity to make decisions, their relatives and those important to them were involved in best interest decision discussions.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication. We observed staff seeking consent from people using simple questions and giving them time to respond.

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 experienced caring relationships with staff who treated them with kindness in their day-to-day care. One person told us, "They [staff] are very caring people, which shows every time they come to see me. They really do care and you can tell it's more than just a job to them." Another person told us, "They always do more than they should and always ask me if there is anything else they can do for me." Relatives told us their loved one experienced good continuity and consistency of care from regular staff, with whom they shared a special bond. Relatives praised the caring attitude of the staff and made comments such as, "They [staff] have been absolutely brilliant, there is a small team that we have got to know really well, and they work really hard to care for us." The registered manager assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner. Staff were highly motivated and consistently told us they were inspired by the registered manager to deliver care that was caring and compassionate.
- During home visits we observed people experienced sensitive interactions with staff, which were consistently kind and gentle. We saw staff engaged in meaningful conversations with people whilst delivering support. Staff were focussed on caring for the person and not completing tasks. Staff overwhelmingly spoke with pride and passion about people they supported. For example, one staff member said, "I love working here and it is the first place where I think people really do get the care they deserve because [named registered manager] is very caring and only takes on caring staff."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.

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

- Care plans were developed with people, their relatives and relevant professionals, enhanced by staff knowledge gained from working closely with people. Any decision or option was explained in a way people could understand and their preferences and choices were respected by staff.
- The registered manager regularly reviewed care plans and risk assessments, which ensured they were accurate and reflected people's current needs and preferences.
- People and relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.

Respecting and promoting people's privacy, dignity and independence

- People experienced care which promoted and respected their privacy, dignity and independence. Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the

confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

- Care plans were written in a respectful way, promoting dignity, choice and independence. During home visits we observed staff reflect this approach, encouraging people to do things for themselves, asking what they would like staff to do for them and offering choice in all aspects of care. When people were approached by staff, they responded to them with smiles, known gestures or by touching them, which showed people were comfortable and relaxed in their presence.
- Staff were skilled in persuading people to engage, taking an encouraging approach. People's privacy and dignity were held in high regard. Staff ensured people were given space and privacy in their care. Staff spoke with people as equals in their care and respected their individuality, their personal wishes and goals. Staff knew how to support people in ways which comforted them. For example, we observed staff gently holding people's hands.

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

- People consistently received personalised care that was responsive to their needs. Staff planned and promoted person-centred care to deliver good outcomes for people. This covered the physical, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives. When people's needs changed staff quickly liaised with health and social care professionals to seek their guidance, which they implemented effectively.
- Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated effective engagement with other organisations. Staff supported people to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities and activity centres, which increased their sense of independence.

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.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively.
- Staff were knowledgeable about how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

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

- People were supported to maintain relationships that were important to them. Some of the visits provided by the service were commissioned to prevent people becoming socially isolated. Staff encouraged social contact and supported people to engage in social activities, which helped protect them from the risk of loneliness. For example, people were supported to go shopping and to visit the cinema or their favourite coffee shop, where they could meet family and friends.

Improving care quality in response to complaints or concerns

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary

comments about the support provided. One person told us, "The manager is always in touch to find out if I am happy. I know I can talk to her at any time and she will help to sort things out for me, even if it's not her job." A relative told us, "The carers [staff] are always interested in what is happening in our lives and go out of their way to help."

- The service had a complaints procedure in place which was appropriate and reflected regulatory requirements. The registered manager treated any complaint or concern as a learning opportunity to drive continuous improvement. There had been no formal complaints since the provider began to support people.
- People had information about how to raise a complaint or concern and told us any issues were always responded to appropriately. People and relatives told us that when they had raised concerns, these had been resolved quickly by the registered manager and staff. People and relatives consistently told us that staff encouraged and supported them to express their views if they had a problem or were unhappy about the service.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.
- When people had experienced end of life care, this had been delivered to ensure their wishes were respected.

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

- The registered manager and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The service had a strong, person-centred culture which was reflected in the approach of all staff. People and relatives reported that staff treated people like one of their own family. Staff consistently made comments like, "Whenever I am delivering care I always think about my mum and how I would like her to be treated if I wasn't there."
- People experienced personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them. The registered manager and staff were focused to ensure people came first and received good outcomes.
- People trusted the registered manager because they responded quickly if they contacted them. They consistently described the service as well managed. People and relatives consistently praised the registered manager for being readily available, empathetic and extremely responsive, whenever they were worried or required support.

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 policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager and staff were aware of their responsibilities under the duty of candour and understood the importance of transparency when investigating something that goes wrong. The registered manager had assumed responsibility and accountability when concerns had been raised or mistakes had been made. When relatives raised concerns the registered manager listened to the concerns, apologised where necessary and took swift action to address the concern.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The provider had robust processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement. Designated staff completed regular audits and reviews of care records and action plans to address any areas for improvement identified. The registered manager held daily governance meetings with

care coordinators, where significant events were discussed to identify required improvement and ensure any required action was taken.

- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The registered manager had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported. People and staff consistently praised the registered manager and described them as an excellent role model. The registered manager had been supported by the external training specialist to complete training and obtain professional qualifications relevant to their role. The external trainer had continued to act as a mentor for the registered manager and facilitated reflective sessions to assess their performance and identify areas for improvement.

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

- The registered manager had a 'hands on' approach which enabled them to spend meaningful time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes. Visits had been coordinated to ensure that the registered manager delivered care to each person at least once per month. The registered manager told us they had no plans to expand so they could keep a strong focus on the quality of care being provided by the service.
- People and relatives told us they felt very involved in care decisions and that they experienced very good communication with the registered manager and staff. One relative said, "The communication and reliability of Your Serenity makes them stand out. You can always contact them [the provider] and know that [registered manager] will listen to you sort things out."
- Staff consistently told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

Continuous learning and improving care

- Community professionals consistently told us the registered manager was open to their guidance and welcomed constructive advice. For example, one community professional told us, "She [registered manager] is always receptive to improving her service and will take on board the sharing of good practice."

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies to help ensure people received high quality, well-coordinated and consistent care. Professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.