Serenity Inmind Limited

Serenity Inmind

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

This inspection took place on 19,20 and 21 December 2018 and was announced. This was the first inspection of the service since they registered with us.

Serenity Inmind service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children in and around the Sheffield and Leicester areas. Not everyone using Serenity Inmind receives 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 take into account any wider social care provided. At the time of our inspection, there were 20 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe. Staff had good knowledge of how to identify abuse and the action to take if abuse was suspected. Care was planned and delivered to ensure people were protected against avoidable harm. Systems were in place to support the monitoring and analysis of accidents and incidents to reduce the risk of future harm for people.

Staff were recruited safely through the provider's procedures which were consistently applied. Staff arrived on time and stayed for the time allocated. People were cared for by sufficient numbers of trained staff which helped to keep them safe and meet their needs.

People received their medicines safely and were protected from the risk and spread of infection because staff understood their responsibilities in relation to infection control.

People were supported by staff who had received appropriate support and training to meet people's needs. The provider ensured staff were provided with essential and specialist training that matched the needs of the people they supported. Staff received regular support and supervision to ensure they were providing care as planned.

Staff supported people to maintain their health and well-being, including support to ensure they had sufficient to eat and drink. Staff took appropriate action in the event they had concerns or observed changes in people's emotional and physical health.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care.

Staff treated people with respect, kindness and compassion. People's individuality was at the centre of how their care was provided. They were fully involved in making decisions about their care. People felt able to express their views and to give feedback on the care they received.

Care plans were developed with people and, where appropriate, their relatives. Records were regularly reviewed to ensure they reflected people's current needs. Staff supported people to reduce the risk of social isolation, to engage in meaningful interactions and be involved in their local community where possible.

People and relatives felt able to express concerns and were clear how to raise complaints and felt confident these would be listened to and acted on.

The provider and registered manager understood what was necessary to provide a quality service and had a variety of systems in place to regular check and monitor the quality of care people received. Further developments were planned to ensure the quality assurance systems were implemented consistently across all areas of the service.

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.

The provider had systems and processes in place to minimise the risk of harm for people. Risks were regularly assessed and staff had detailed knowledge on how to manage risk.

People were supported by the number of staff required to meet their needs who arrived on time and did not miss calls.

Medicines were effectively managed. Procedures were in place to protect people from the risk and spread of infection.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and were supported to deliver the care people required.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people they supported.

People were supported to have sufficient amounts to eat and drink and maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were involved in developing their care and felt able to express their views.

Staff treated people with compassion and respect.

People's privacy, dignity and values were respected. Staff supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and their relatives were encouraged to be involved in developing their care; their views were listened to and records supported staff to provide personalised care.

Staff protected people from the risk of social isolation.

People were able to raise concerns or complaints and had confidence in the provider that these would be listened to and appropriate action taken.

Is the service well-led?

Good

The service was well-led.

The provider had clear values which were supported by staff and embedded in working practices.

There were systems in place to assess, monitor and drive the quality of the service. Some areas of quality assurance required further development to ensure systems were applied consistently.

People, relatives and staff felt able to approach the registered manager. Staff were clear about their roles and accountabilities in providing people with care as planned.

Serenity Inmind

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19, 20 and 21 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 December 2018 when we undertook telephone calls to people and their relatives. We visited the office location on 20 December 2018 to see the manager and office staff; and to review care records and policies and procedures. We completed the inspection on 21 December when we undertook telephone calls to staff.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included statutory notifications and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who used the service and four relatives by telephone. We also met with the registered manager, deputy manager, the provider and spoke with three care staff. We reviewed a range of records about people's care and how the service was managed. These included care records for four people, three staff recruitment and training records, quality assurance audits and other records relating to the management of service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "Yes, I feel safe with them [staff] all. They always turn up and do everything I need," and "I feel safe, they [staff] are wonderful people. I have never had any concerns about them." A relative told us, "I think [Name] is safe with them. I do monitor. They [staff] always turn up and stay until they have done everything and arrive together for the double up."

People were protected from the risk of abuse because staff were provided with guidance and training, which supported them to recognise and take action if they suspected abuse. One staff member told us, "We are observant for issues, anything that we notice that isn't right for the person. If I had concerns, I would report it to my manager straight away and I am confident they would take action. If they didn't, I would go to CQC." Staff demonstrated they were knowledgeable about the types of abuse adults and children could be at risk from, and saw recognising and responding to abuse as part of their job.

The provider's policies on safeguarding adults and children required further review as they were confusing and referred to one local authority area. Following our inspection, the provider sent us revised policies which were fit for purpose and provided staff with the guidance they needed. Policies included contact details of relevant external agencies.

Staff were supported to raise concerns about potential malpractice within the service, known as whistleblowing, through the providers' whistleblowing policy. This provided staff with clear information about agencies staff could contact outside of the service and included an independent helpline to support staff to discuss their concerns.

Care was planned and delivered to protect people from avoidable harm. People had individual risk assessments and care plans that gave staff detailed information on how to manage identified risks, such as how to safely support people to move where they had mobility difficulties. People's risk assessments were used to identify what action staff needed to take to reduce the risk, whilst meeting people's needs and promoting their independence. Where people required staff support to use equipment, risk assessments detailed the equipment to be used, how it should be used safely and who to contact in the event of a fault developing with the equipment. Staff demonstrated a good knowledge of the actions they needed to take to keep people safe. Records showed people and, where appropriate, relatives, were involved in developing risk assessments and these were regularly reviewed to ensure they reflected people's current needs.

Some people could demonstrate behaviours that challenged when they became anxious or distressed. People's care plans included details of how these behaviours could challenge. However, some records were more detailed than others in terms of the intervention required from staff to keep people safe. For example, one person's care plan provided detailed information into what the person's behaviour looked like and potential triggers for staff to be aware of. However, the care plan did not include clear guidance for staff to follow on effective intervention once the person became anxious or distressed. When we spoke with staff, they were able to describe interventions that were successful, but these were not included in records. A second person's pre-placement assessment stated they could demonstrate aggressive behaviour. The

person's care plan made no reference to this but described the person as 'always calm'. The provider explained that intervention from staff had resulted in no incidents of behaviours that challenged. Whilst this was positive, it is important that records reflected these interventions to ensure all staff, particularly those who were new to the person, were able to apply these strategies consistently. The provider told us they would ensure records were updated.

The provider had systems in place to support staff to record and report incidents and accidents involving people and staff. At the time of our inspection, there had been no incidents or accidents. Systems in place supported review and analysis of events which would help to protect people from future harm.

Staff assessed people's needs before they began to use the service and this included the number of staff required to meet their needs. People and relatives told us they were supported by the number of staff required in their care plans, that staff usually arrived on time and never missed a call. The provider kept a schedule of calls which showed staff were allocated in advance of visits. The provider undertook monthly monitoring of calls to ensure calls were not missed and only late in exceptional circumstances, such as incidents or traffic.

The provider operated an effective recruitment process which was consistently applied to ensure staff were safe to work in the service. Background checks were carried out to make sure applicants were suitable to provide care and support. All staff had completed an application form, provided proof of identity and undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working in care services.

The provider had procedures in place to ensure people received medicines as they had been prescribed. People and relatives told us staff supported them to take their medicines safely or prompted them to make sure they had remembered to take them. The registered manager told us they used medicine administration records that were supplied by the pharmacist. This helped to ensure medicine records were an accurate account of people's current medicines. Staff we spoke with were confident in supporting people to take their medicines and had completed training to give them the knowledge and skills required.

People were protected from the risk of infection as staff followed safe working practices. People and relatives told us staff always wore gloves when supporting them and disposed of these safely in people's homes. People's care plans detailed how staff should protect people from the risk of infection, for example, whilst supporting people with personal care. The registered manager ensured a constant stock of personal protective equipment and spot checks of staff working practices helped to ensure staff complied with the provider's infection control policy.

Good

Is the service effective?

Our findings

People and relatives told us they were confident in the care and support received from the provider and staff. Comments included, "They [staff] look after me very well. They are knowledgeable and professional carers," "They know me very well and how I like things doing," and "They know [Name] very well indeed. They know when [Name] is a bit shaky and are very patient with [Name]."

People's needs were assessed before they began to use the service. Assessments included information about people's histories, needs, wishes and preferences and included any specific cultural or lifestyle needs. Assessments involved people and, where appropriate, their relatives and any professionals involved in their care, such as social workers. This helped to ensure the service provided met people's diverse needs and recognised people's protected characteristics under the Equality Act.

People were cared for by staff who had received the appropriate training and support to carry out their role. People commented, "I think they are very well trained and skilled at their job," and "I do think they are well trained and know how to look after me very well." A relative told us, "They are well trained, absolutely. They are not only well trained, they have the right attitude towards being carers as well." Staff told us they were required to complete training seen as essential for their role as part of their induction. This included standards expected, such as behaviours and recording information. In addition, new staff worked alongside experienced staff which enabled them to get to know people and understand how they liked their care to be provided. Records showed staff were supported to undertake essential training and further development training, specific to the needs of the people they supported. One staff member told us, "They [managers] are very strict. They keep staff up to date and make sure staff complete the training they need to." Staff described how managers carried out regular spot checks whilst they were providing care, which included observations to ensure they were competent in the role.

Staff received regular monitoring and supervision from senior staff and managers. Staff told us they felt supported by managers who were always available for help and advice. One staff member told us, "I have regular supervision and monthly spot checks, where managers come out to check I am doing everything correctly. If I have any issues (Manager) comes out. They are very supportive." This helped to ensure staff were providing care in line with best practice to meet people's needs.

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. Any application to do so must be made to the Court of Protection.

We checked that the service was working within the principles of the MCA. The registered manager told us there were no authorisations in place or presently under consideration for any care or support undertaken

by the provider. People's care plans included information regarding decisions people were able to make and if they wanted support from other people, such as relatives. Staff demonstrated a good awareness of the need for people to consent to their care, including people's right to decline care.

People received the support they needed in relation to having sufficient amounts to eat and drink. One person told us, "The staff get my breakfast and lunch ready for me. I choose whatever I fancy." People's care plans included details of the support they needed to eat and drink, and included guidance for specific diets and cultural or religious needs. Records showed staff had taken action where they were concerned people were at risk from poor nutrition. For example, where one person was not eating as much as usual, staff had contacted relevant health and social care professionals to ensure the person received the support they needed.

People and relatives we spoke with told us they managed their own health appointments. Staff were vigilant in supporting effective monitoring of people's needs to maintain their health and well-being. This included monitoring skin integrity to support early detection of any changes in skin condition and alerting relatives or health professionals to any changes in the person's well-being. People's care plans detailed the impact health conditions had on their well-being, for example breathlessness, and actions staff needed to take in response to this. Where people required support to manage their catheter care, this was included in their care plans. However, records lacked sufficient guidance or information to inform staff on effective catheter care, in particular, actions to take in the event they had concerns. Records showed staff had completed training in catheter care where appropriate. The registered manager told us they would include catheter care plans following our inspection visit.

Good

Is the service caring?

Our findings

People told us the staff were kind, caring and treated them with respect. People commented, "They are all very respectful towards me and do not gossip about other people, so if I feel confident they respect my privacy too," "They are very kind and we have a good laugh, which helps," and "They are all kind and caring people. Nothing is too much trouble and they always ask if there is anything else I need." Relatives commented, "They are absolutely marvellous people. I rely on them for emotional support and I have my own health problems. They are very supportive," and "They are very receptive to us if we need anything."

People mainly received care from a consistent team of staff who knew them well. One relative told us their family member had lots of different carers which was confusing and irritating for them. The registered manager aimed to provide people with a consistent staff team, although some changes were necessary as the service grew and developed.

Staff spoke about people in a caring way and said they enjoyed working for the service. Staff told us they felt they had enough time to provide the care people needed and often went out of their way to help make people's lives more comfortable. For example, picking milk up on the way to the visit. People and relatives told us staff never rushed people and always gave people the time they needed during visits.

People were involved and consulted about the care they needed and how they wished to receive it. People and relatives told us they felt their views were listened to and respected. The provider, registered manager and staff knew people, including their preferences and how they liked to be supported. They demonstrated good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. People's diversity was understood and respected by staff. For example, people were matched with staff who had a good understanding of their cultural or religious needs and traditions that needed to be observed.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. For example, closing doors and curtains, supporting people with their clothing and keeping people covered whilst providing personal care. A relative told us, "Their [provider] culture is very spiritual and it shows in their work which is warm and caring. They will close the door when they are helping [Name] with personal care." One relative told us there had been occasions when some staff had not taken off their hat and coat while they were helping their family member which they found disrespectful. We raised this with the registered manager who told us they would follow this up.

Care plans reminded staff to support people to be as independent as possible and made clear whether people needed to be prompted or assisted. One person told us, "I do was as much as I can myself, then staff step in to help me." A relative told us, "They are very encouraging but know [Name] has limits and do not push [Name]."

People's information was kept securely by the provider and only accessed by authorised people. People were able to describe where their information was kept and told us they were able to access these at any

time. The provider ensured staff were aware of the importance of protecting people's right to have their information kept confidential in line with current legislation

Good

Is the service responsive?

Our findings

People and relatives told us that the provider made sure they received the service that was expected and involved them in the review and development of their care. One person told us, "I do have a care plan and it has been reviewed this year." A relative told us, "[Name] has a care plan, they [staff] did it in the beginning. They do review it regularly. If there is a change in [Name] needs they are onto it straight away."

People and, where appropriate, relatives, told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessment considered their personal goals as well as their personal care, dietary and social and health needs. Care plans had special instructions for staff on how the person wanted their care to be provided, what was important to them and detailed information about how to meet people's needs. For example, one person's care plan described how they should be supported and what staff needed to be aware of to avoid the person becoming anxious. A care plan for a second person detailed the person's life history and included significant events and the impact this had for the person. This information helped staff to provide personalised care.

We found some records were not consistently completed throughout the care plan. For example, one person's life history referred to a family member who was deceased which had had a significant impact for the person. Their care plan referred to this family member as still being alive. Another person's care plan included their culture but did not include guidance for staff in terms of what they needed to be aware of and rituals to be observed as part of this culture. Staff we spoke with were aware of this information as they had a good awareness of the cultural needs. However, new staff may not have this detailed information which presented a risk that people may not receive care in line with their preferences. The registered manager told us they would ensure this information was available in care plans and recorded consistently.

The provider's values protected people from the risk of social isolation and recognised the importance of social contact and meaningful engagement for people. People's care plans included guidance for staff on supporting socialisation for people. This included assistance with keeping in touch with friends and family, correspondence, appointments, shopping and going out into the community or to specialist centres. People told us staff took the time to talk with them during visits and checked on their emotional well-being as well as their physical health.

The provider looked at ways they could comply with the Accessible Information Standard (AIS). This came into force from August 2016 and places a legal requirement on providers to ensure people with disabilities or sensory impairments are able to understand information they are given. For example, one person's care plan described how they used a specific, non-verbal communication system together with gestures and signs, to communicate. Staff told us they used this communication system to share information with them. At the time of our inspection, the provider did not have a policy on the AIS. They told us they would develop this following our inspection visit.

People and their relatives told us they felt confident to raise concerns with the provider, registered manager

or staff. One person told us, "I feel very able to tell them if I have any problems at all. I have never needed to though." A second person described how they had raised concerns when a male carer had been allocated to support them with their care needs. They told us the office had responded immediately and resolved the incident, with no further concerns. A relative told us, "We have never had any reason to complain but I would call [registered manager] if I had any concerns at all and am confident they would deal with it."

Records showed one complaint had been received and had been investigated and responded to in line with the provider's policy. We found the provider's complaints policy required further development as it did not include details of Local Government Ombudsman for people to raise their complaints in the event the provider was unable to resolve them. Following our inspection, the provider sent us a revised policy which was fit for purpose.

At the time of inspection, there were no people receiving end of life care. The provider had policies in place to support this and care planning processes enabled people to state their end of life wishes if they chose to.

Good

Is the service well-led?

Our findings

People. relatives and staff told us the service was well-led. People's comments included, "All staff are very open, honest and friendly. They keep me informed. I think it is well managed," and "I think it is a very well managed company. The carers are all happy in their work so that proves it." A relative told us, "I think it is really well managed and everyone there is very good at their job. I think [registered] manager is an excellent manager. In fact, everyone there is helpful. We often chat on the phone. I am very grateful to them. I have peace of mind with them and would not want to change them." A second relative told us their family member had not been using the service for very long but they had not seen or heard anything that concerned them about the care.

The provider had a clear set of values and a vision for the service. These were based on social inclusion for people and providing personalised care that was respectful and compassionate. Staff told us they were made aware of these during their induction training and the provider reminded them of the expected standards of conduct on an on-gong basis. Staff spoke confidently about the values of the service and how they applied them in practice when providing care. Staff were also positive about the management and leadership of the service. One staff member told us, "I like the values of the service. People come first and we are encouraged to go the extra mile which makes a difference. Managers are always available and will come out to us if we need them to. I think it is well managed, for a new service." A second staff member told us, "Managers are very strict with staff but their standards are impeccable. They put a lot into ensuring the safety of people and are always ready to help. They are building a good staff team. I wouldn't change anything about the company." Staff spoke of positive teamwork and of a provider and manager who treated staff equally and recognised and supported their diversity.

Staff were kept informed and consulted about development in the service through staff meetings and one to one supervisions. We looked at minutes of staff meetings and saw these were used to reinforce best practice in providing care and discussions around the development of the service.

People and relatives were able to share their views directly with staff, the registered manager or through telephone monitoring calls. People and relatives were asked to share their views about the quality of the care provided. Records showed that overall these responses were positive and comments were used to make improvements in the service. For example, one person had commented that care staff were on time for fifty per-cent of calls. The provider had taken action to improve staff punctuality. We saw the person had noted this improvement in a subsequent monitoring call.

The registered manager displayed good management and leadership in relation to the way the service operated. There was a clear management structure in place which people and staff were familiar with. There were regular interactions between management and staff and people were able to contact the registered manager or senior staff with ease. The registered manager ensured people were provided with an introduction letter which included their photograph and contact details, together with those of senior staff. This helped to promote effective communication within the service.

There were systems in place to ensure staff provided people with care as planned. These included audits of records, for example daily logs and care plans, monitoring and evaluation of feedback and monitoring of visit times and missed calls. Spot checks were also carried out to observe staff working practices and these were also used as an opportunity for managers to spend time with people and relatives gaining direct feedback. We found quality assurance systems were, in some areas, fragmented. For example, the main service provision was based in Sheffield and records showed reports were produced from audits and checks and collated using the provider performance indicators. This information was used to identify improvements and develop the service. However, audits and checks were not as robust or used consistently for the service in Leicester which was significantly smaller. The provider told us they would develop quality assurance to ensure it was consistently implemented across all services to enable them to gain an overview of the quality in all areas of the service.

The provider and the registered manager were committed to improving the service. They kept up to date with best practice and relevant local and national developments in health and social care networking, linking with other providers and membership of forums. The Executive Board included experienced and qualified health and social care professionals who provided guidance and advice. This included specialist areas, such as Autism. This information was shared with staff which helped to embed best practice into staff working practices. We saw the registered manager and provider worked in partnership with other professionals, such as GP's, consultants and social workers to ensure people received a good service.