

Miss Tracy Moore

# Serenity House

## 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

We inspected Serenity House on the 23 March 2018. In order to ensure the people we needed to speak with were available we gave 24 hours' notice of our intention to undertake the inspection. Serenity House provides accommodation and support for a maximum of three adults who may have complex needs including learning disabilities, mental health and /or substance misuse issues. At the time of our inspection there were two people living at the home. The provider of the service was also the manager.

Serenity House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Serenity House can accommodate up to three people in one adapted building. At the time of our inspection two people were living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People felt safe staying at Serenity House and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Serenity House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely when required from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

New staff completed an induction designed to ensure they understood their new role before being permitted to work unsupervised. Staff received regular support and one to one sessions or supervision to discuss areas of development.

Staff were knowledgeable about the complex needs of the people using the service. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs. People were involved in their care plans and reviews.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. Staff sought consent from people before providing care or support.

A complaints procedure was in place. There were appropriate management arrangements in place. Staff felt supported by the provider and assistant manager and staff meetings took place. Regular audits of the service were carried out to assess and monitor the quality 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Serenity House

## **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 was planned to check 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.

The inspection took place on the 23 March 2018 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before this inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service. We also spoke with the provider who was also the manager, assistant manager, and two care staff. We looked at a range of records which included the care records for two people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection we also received feedback from two external healthcare professionals.

We last inspected the home in September 2015 where no concerns were found. The home was rated good in all domains.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "I feel safe. Always have one to one support over twenty four hours". They also said, "I know if I had a problem I can get through to [providers name] and they would be there in a nanosecond. For me I need to feel safe". Another person told us, "I feel 100% safe when out with staff in the community".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The provider told us people had regular meetings with staff where they would be able to raise any concerns. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "I would follow the safeguarding policy and would talk to [provider's name]. If they were involved I would come direct to you [CQC]".

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us that people were involved in the interview process. The provider told us they wanted to ensure that staff being interviewed would be right for the role and were able to support and understand the people using the service. They also told us how they had updated their application process to include the values and vision of the service to make sure they were employing the right people to work at the home.

There were enough staff deployed to meet the needs of people and keep them safe. Staff worked one to one with people during the day and two staff stayed at the service overnight. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. There was an on call system in place to support staff overnight and during the weekend. The provider told us staff know they can call me anytime of the day and night. They also informed us they call the home at the end of the day for a daily update.

People were supported to receive their medicines safely. Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. At the time of our inspection neither person was on any regular medicines. For people who were prescribed medicines 'as and when required' there was clear guidance in place when

these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used.

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people daily. These included environmental risks and any risks due to health and the support needs of the person. One person told us, "Before I go out in the community, staff will say, what's the risk and what's the plan". A staff member said, "Risk assessments are read all the time. Before we do activities before we go out so fresh in our minds and their mind, really helpful".

Health professionals told us they thought the service kept people safe and they managed risks very well. One health professional told us, "They are clear with their boundaries and good about setting them. They involved their clients in discussion about risks and how to manage them and why they need to be managed in that way. They work to educate their clients where appropriate and help them to be better able to access their own thoughts and feelings and make sense of them".

The service acted in an open and transparent way and shared lessons from learning to make sure people were safe and improvements were implemented. A health professional told us how they work with people in an open way to manage risks. They said, "Helping to educate their clients so that they are more able to manage their own risks. Also, encouraging their clients to think about their thoughts and feelings and how they could impact on their behaviour. Both of these help with prevention. They are also very good at managing risks and clear with boundaries".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out, which involved people living at the home. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule with people and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

# Is the service effective?

## Our findings

People felt well cared for by staff that were well trained and understood their needs. Staff and the provider knew people well. A health professional told us, "I mainly work with senior staff, however on assessments communication and training are discussed and it appears as if Serenity have a high standard expected from staff". Another health professional; said, "They do as is evidenced by the fact that my clients who have complex needs are doing well in that service".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "Supervisions if anything I want to talk to [provider and assistant managers' names] I can talk to them. Really open culture so we can talk about whatever we want to so really good".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff had received additional training in supporting people who posed a risk to themselves or others. This meant staff were aware of the management and intervention techniques to positively support people with escalating behaviour.

New staff to Serenity House completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported at meal times to access food and drink of their choice. People told us they liked the food. One person told us, "Choice in food, lovely food. Spaghetti bolognese from scratch". People were encouraged to help with meal preparation and for those that enjoyed doing this they were supported to do so. One staff member told us, "As much independence as possible, but make sure don't burn themselves. Listen to instructions in the kitchen very well".

Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. People met every four weeks to agree the menu and choose their meals. They were then supported by staff who showed them pictures of a selection of meals and asked people to choose. People's likes and dislikes were taken into consideration. Staff had worked with people in creating a recipe file with foods from all around the world to encourage people who use the service to experience different foods and cultures. Staff told us, they hold an event once a month where people get to choose a dish from around the world as a theme night.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond. A health professional told us, "MCA is discussed regularly in assessments. Senior staff appear to have a good understanding of this with contingency for risks for those with capacity".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Whilst no-one living at the home was currently subject to a DoLS the provider was able to explain about the process they would need to follow and how they would seek authorisation to restrict a person's freedoms for the purpose of care and treatment.

People's health care needs were met. Health care professionals were positive about the support people received. The staff were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "They work very effectively alongside health services; they listen to advice and act on recommendations. They appear to have a high standard of care and care about the service users in their care wanting a positive life balancing risk management. They seem to understand positive risk taking which is a difficult concept for services".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

Both the people we spoke told us they liked living at the home. One person told us, "I like the home". Another person said, "I designed the garden. I got an NVQ in gardening". People had their own rooms with a separate lounge with TV and a separate conservatory with another TV if they wanted to be on their own. The home also has a private garden and one person told us how they grew vegetables in the garden last year for use in the home and are planning the same this year.

## Is the service caring?

### Our findings

People were cared for with kindness and compassion. One person told us, "I like the staff. I think I've been looked after quite well". Another person said, "I think on the whole staff team doing their job 100% perfect". Other comments included, "I speak to staff they are good listener's". As well as, "Really good staff can't ask for anything better".

People experienced care from staff who understood the importance of respecting people's privacy and dignity. Staff knocked on people's doors and identified themselves before entering. Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. One staff member told us, "I really enjoy working here".

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity and the ease of communication with each person. Staff provided comfort and reassurance by talking calmly to people. The staff always met the person at their level. If the person was sitting, they would either sit next to them or crouch down, always coming down to their level and ensuring they were facing the person they were talking to.

People were encouraged to be as independent as possible. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

People said care staff consulted them about their care and how it was provided. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. One staff member told us, "People involved in care plans. Once typed up staff member will read to them and if they are happy with it will sign".

The provider told us that staff often went the extra mile to support people and help them retain their independence. For example, one person were very fond of horses and wanted to attend a horse show in London. The train fare was very expensive, so they felt they couldn't go and a staff member offered to drive the person so they could attend and enjoy the horse show.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

## Is the service responsive?

### Our findings

People received personalised care and were able to make their own choices. One person told us, "Now I have such a perfect life, out in the real community got a work placement. Job held down for three years". Another person said, "I love working at the farm. Like cycling and walking and horse riding". A health professional told us, "The manager and her staff support the clients in a very client-centred way. They listen to what their clients say and incorporate that into their support if at all possible. At the same time they are very careful to carry out their care plans correctly and are very clear with boundaries so clients and staff know where they stand. They listen to any advice the health service has to give. If any problems arise they inform us promptly".

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. One person told us, "I sit down with [providers name and assistant manager's name] to complete care plans and risk assessments". Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. For example, for people who have behaviour that challenges guidance were in place on triggers and intervention to prevent escalation.

Care plans were reviewed regularly by their keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. One person told us, "I'm involved in the care plan and consent". A staff member told us, "Review care plans, reading through with [person's name]. If he is not happy he won't sign it. Then when happy with it will sign".

People's daily care records were up to date and showed care was being provided in accordance with people's needs. A handover meeting between staff at the start of each shift helped ensure that information was shared, acted upon where necessary, and recorded to ensure people's progress was monitored.

Staff were aware of people's interests and how people liked to spend their time. One person told us, "I'm having flying lessons at the moment going to 3000 feet love it". They also told us, "Every day I do something different". Another person said, "Allotment every Sunday not far I grow, lettuce, parsnips, carrots, spring onions". People had the chance to attend holidays each year and staff told us this could be up to three times in the year. The manager told us how both the people were in part time employment in the local community. They said, "As a result self-worth has really grown, built confidence".

People were supported to follow their beliefs and told us how important this was to them. The provider had built links with the local church and supported people to attend. One person told us how they played in the church band and really enjoyed this and had recently been part of a local concert playing the drums.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the manager about how they ensured information was accessible

for all people living at the home. They told us they had pictorial information and easy read documents in place for people and an on line application which translates words into pictures. We saw this information was displayed around the home.

The provider ran weekly group support sessions for the people, where they had the opportunity to discuss issues which they felt strongly about. This was also used to reflect and learn from risky behaviours and encouraged communication and building relationships. The provider also sought feedback through the use of an annual quality assurance survey questionnaire sent to people using the service and their families.

People and their relatives knew how to make comments about the service and the complaints procedure was prominently displayed. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The provider described the process they would follow as detailed in their procedure.

## Is the service well-led?

### Our findings

People told us they felt this was a well led service. One person told us, "Feel I have a strong staff team around me. Especially [provider's name] knows me inside out". Another person said, "[provider's name] really nice and friendly to talk to like a mum figure to us both". A health professional told us, "I do not have any concerns with this service provider". Another health professional said, "Serenity house senior staff are very good at working in partnership. They have completed numerous assessments with me, implemented recommendations and raise concerns about changes to patient presentation. They are a service that have a high standard of care and keep recommendations in place following discharge from our team".

Staff were positive about the support they received from the provider and assistant manager. One staff member told us, "Managers very good, very supportive. If you need to take time out due to personal time very flexible. One of the best places I worked for in case of support." Another staff member said, "Manager really good, straight to the point, so you know where you are. Really supportive and understanding".

During our inspection at Serenity House, we observed staff who appeared relaxed, confident and happy working in the home. There appeared to be a good relationship between the staff and with management and they appeared to support each other. One staff member told us, "On the whole I think we get on really well as a team. I really enjoy it here, feels a really good staff team. Talk to anybody and gets things sorted. Open and honest so get things sorted". Another staff member said, "Really enjoy working here, really good company, really looked after".

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Staff meetings were used to discuss concerns about people who used the service and to share best practice. This helped staff to improve outcomes for people. One staff member told us, "Staff meetings are quite regularly. Discuss lessons learnt and discuss how to prevent it from happening again". Another staff member said, "Staff meetings feel listened to all have our say".

The provider was very passionate about their role and it was evident throughout the inspection. They told us, "Interview new staff on company values. Sat with the team and the guys we support and explained what values are and come up with respect, caring, loyalty, honesty, fairness and safety".

The provider and assistant manager working at the service used a system of audits to monitor and assess the quality of the service provided. These included medicines, health and safety, finances, care plans, risk assessments, staffing and behaviours. Where issues were identified, remedial action was taken.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

There was an open and transparent culture in the home. The previous inspection report and rating was

displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The provider had appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.