

Serenity Integrated Care Limited

Serenity Integrated Care

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

Serenity Integrated Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection the provider was supporting 8 people, with 5 of them receiving personal care.

People's experience of using this service and what we found

People and their relatives were very positive about the kind and caring attitudes of the whole staff team that helped them feel safe and comfortable. A person said, "It is excellent. I can't fault it, it is the best."

People were supported by a team of regular staff who completed shadowing visits before working with them to help them understand how they liked to be supported. This had helped to develop positive working relationships.

Risks to people's safety were assessed, with guidance for staff to follow to manage these risks to support them safely. Staff had access to additional weekly training sessions to have a better understanding of managing people's health conditions.

Where possible, the provider tried to be as flexible as possible to help accommodate people's changing needs and individual circumstances. A person told us how this flexibility allowed them to live the life they wanted and be more independent.

People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were systems in place to monitor the quality of the service. Although there had been no issues or concerns raised, people and their relatives had regular communication with the management team and were confident they would be listened to.

People were supported by a staff team who praised the working environment and felt well supported to carry out their role and improve people's lives. A staff member said, "They listen to us, check on us to see if we need anything and help us out. If I have a problem, they sort it out."

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

Rating at last inspection

The last rating for the service was good (published 19 December 2018).

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Serenity Integrated Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Serenity Integrated Care is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider a few days' notice because we were aware they were a small service and we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 29 August 2023 and ended on 13 September 2023. We requested a range of documents related to people's care that was sent to us by the registered manager between 29 August and 13 September 2023. We visited the office location on 1 and 5 September 2023 to see the registered manager and to review further records related to the service. We made calls to people who used the service, their relatives and care staff between 4 and 11 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a recent Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team and reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed records related to 5 people's care and support. This included people's care plans, risk assessments and 4 staff files in relation to recruitment, training and supervision.

We also reviewed records related to the management of the service, which included daily care logs, quality assurance records and samples of team meeting minutes.

We spoke with 10 staff members. This included the registered manager, the deputy manager, the human resources officer, an administrator, 2 field care supervisors and 4 care and wellbeing workers.

We made calls to 3 people and spoke with 2 people and 1 relative. We also received feedback from a health and social care professional who had experience of working with the service.

We continued to seek clarification from the provider to validate evidence found. This related to further quality assurance records and information related to staff recruitment.

We provided formal feedback to the registered manager via email on 13 September 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and policies in place to ensure people were protected from the risk of abuse. There had been no safeguarding incidents which the local authority confirmed.
- Staff completed safeguarding training when they first started and had regular opportunities to discuss and review their understanding. It was also discussed during the interview process for the provider to get an idea of their knowledge and experience.
- Staff were confident the management team would take the necessary action if they had to raise any safeguarding concerns and knew they could escalate it to other agencies if needed. A staff member added, "They listen to any concerns and always respond. [Registered manager] will also come out and visit if needed."

Assessing risk, safety monitoring and management

- There were systems in place to ensure risks to people's health were assessed before the service started or if any changes were observed in their support needs. Risks were also discussed with the relevant staff team to ensure they had a good understanding to support people safely.
- Where we could not find some information and guidance for staff to follow within people's care records, we saw it located directly in people's homes and displayed easily for staff to see. Both people and staff confirmed this, with people confident that staff had a good understanding of any related risks.
- For example, a person had information in place related to diabetes management with guidance and advice for staff to follow, including any signs to look out for that could indicate a change in their health.
- People told us staff were skilled at keeping them safe when carrying out moving and handling tasks, including transfers. A person said, "They have a very good understanding. I have to give them a lot of credit because I have never had a fall or an accident with them in years."

Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with any documents related to their legal right to work in the UK. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where some recruitment information was not available, the provider was able to explain and provide the relevant documents after the inspection. There was a minor discrepancy for a staff member's second reference, which the registered manager acknowledged and followed up with their staff team.
- We shared guidelines from government legislation regarding safe recruitment practices after the

inspection to ensure they were aware of best practice.

- There were sufficient numbers of staff to support people and the provider had procedures in place to ensure calls were provided on time. The provider had recently introduced an electronic call monitoring (ECM) system to check staff arrived on time and were alerted to any timekeeping issues. Due to the size of the service, they also made daily calls to people to ensure staff had carried out their visits.

Using medicines safely

- There were clear procedures in place to ensure people received their medicines safely and on time. Staff had information about people's medicines and the level of support required, which was discussed during an initial assessment.
- Staff completed medicines training and observed senior staff during their induction, with a further competency assessment to ensure they understood best practice before being signed off to support people with this task.
- Staff were very positive about the medicines training and confirmed they had regular training sessions and reminders about their responsibilities. A staff member said, "The training was very helpful and we got to practice everything. If there is anything I don't understand, I call the field care supervisor and they explain what I need to do."
- Medicine administration records (MARs) were checked regularly during unannounced spot checks in people's homes, and returned monthly to identify if there were any areas of improvement needed. The management team also visited people if there had been any changes to people's medicines to ensure the correct procedures were being followed.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff were aware of the procedures to follow and the need to complete an incident report.
- We saw samples of incident reports had been completed and where appropriate, the relevant health and social care professionals were informed.
- The registered manager told us they always emphasised to staff the importance of reporting any incident, no matter how small, so they could monitor it and learn from it. They added, "I highlight it isn't to blame anybody, but to focus on the event to prevent situations happening again."

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. Staff completed infection and prevention control (IPC) training and confirmed they had practiced the donning and doffing of their personal protective equipment (PPE).
- IPC responsibilities were discussed during supervision and spot checks were carried out in people's homes to ensure staff were following best practice, wearing PPE and knew how to dispose of it safely.
- People and their relatives confirmed staff had a good understanding of their responsibilities and wore PPE when in their home. Staff also confirmed they were well supported in this area and had access to sufficient supplies of PPE.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and training programme when they started working at the service. This covered a range of practical and online training courses, plus mandatory shadowing opportunities to understand people's needs.
- The induction programme was focused on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider also held weekly face to face training sessions covering a wide area of topics that helped staff gain more confidence in their role. Staff confirmed this and told us if they did not feel comfortable or confident in any areas, there was always training and support available.
- Staff also had supervision and regular group calls to discuss their work to ensure they had all the relevant training and resources needed. People and their relatives were very positive about the skills and experience of the staff team they worked with.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. Care records included information about people's dietary requirements, including preferences, special diets or any nutritional risks.
- There was also further guidance displayed in people's homes with information around healthy eating. A person told us how staff had a good understanding of their nutritional needs in relation to a health condition.
- They added, "The manager has given the staff a book and some guidelines about how they can help me manage this. This is helpful and I'm happy about this."
- Staff were aware of people's preferences and any specific requirements, with food charts completed if necessary. This also included an understanding when people needed to be encouraged with taking regular fluids.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed to understand the level of support that was required. The registered manager met with people and their relatives to gather important information and liaised with any relevant health and social care professionals.
- The provider had a range of key policies and procedures which highlighted specific legislation and guidance that staff needed to be aware of when providing care. This included any moving and handling

requirements or support with specific care tasks. This helped to ensure care was delivered in line with best practice.

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

- The staff team worked closely with a range of health and social care professionals to ensure people accessed the right care if their health deteriorated. We saw the management team worked closely with district nurses, people's GP's and community occupational therapists.
- Staff were responsible for monitoring people's health and wellbeing during their visits and we saw they reported any concerns or deterioration in health to the relevant health and social care professionals.
- Staff had a good understanding of how to respond in the event of an emergency or if a person became unwell. There was also further guidance available in people's homes to support staff and to help them identify any changes in health. This included basic first aid and if they had concerns around people's skin.
- People and their relatives told us staff responded appropriately and had called 111 or 999 if needed. A relative said, "When [family member] was ill, they didn't leave and stayed with them. It was important to me and a great relief somebody was there at that time."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was aware of their responsibilities around the MCA and ensured people had consented to their care. People's capacity was assessed as part of the initial assessment process and where appropriate, relatives with the legal authority had consented to the care and support for their family member.
- People's care records confirmed if they were able to communicate their needs and had information about how people needed to be included in everyday decisions about their care.
- Staff completed MCA training as part of their induction programme and understood the importance of gaining consent and involving people in their care. Staff also recorded this in people's daily logs. A staff member said, "We cannot force people with anything and try and encourage them if needed. I try and explain as much as I can but always respect their decisions and get their approval."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well treated and cared for, with positive feedback about the kind and compassionate attitudes of the whole staff team. Comments included, "They are very caring and have a gentle approach, we have a good relationship" and "[Family member] is treated as a person, not a task. It isn't just about care. They have a very good understanding of this."
- People were introduced to their regular care workers and staff had shadowing visits before starting work with them to help develop a positive relationship. A care worker said, "I know my clients very well and have learnt a lot about them. They make sure they give us plenty of information about people and we know it is important to speak with them."
- A person told us staff always supported them and provided emotional support if they were upset or distressed. They added, "They have helped in my difficult times. They have stayed longer and helped me to feel calm."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood the importance of respecting their privacy and dignity and promoting their independence. We saw this area was covered during training sessions and staff supervision.
- Regular spot checks were carried out to observe if people's privacy and dignity was respected and maintained during visits and whether staff actively engaged with them. For example, we saw a spot check for a person had identified areas where the care worker could improve in how they could encourage them to be more independent.
- People confirmed this and told us they felt comfortable and respected by staff when they were in their home and supporting them with personal care. A person added, "They do this well and have never showed any bad practice. I appreciate the support."

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

- People were supported to be fully involved in decisions about their care. The management team had regular contact with people, and where appropriate, their relatives, to discuss information about the care they received and if any changes were required.
- People and their relatives confirmed this. A relative said, "They have always made sure I am involved and can make myself heard. They keep me updated and know that nothing happens without [family member] and me being involved."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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.

At our last inspection we recommended the provider consider current guidance about identifying people's needs in line with the AIS. The provider had made improvements.

- The provider highlighted the actions they had taken since the last inspection and ensured they had an awareness and understanding of the AIS. Where necessary, important information about the service was now available in alternative formats and was discussed at the initial assessment.
- Staff had information about people's communication needs to understand the most effective ways to communicate with them. Staff also had access to pictorial documents and visual aids for a person to help with communicating decisions around food choices at mealtimes.

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

- People received personalised care from staff who had a good understanding of their care needs and supported them to ensure their needs were fully met.
- People's care was funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.
- Due to the funding arrangements, people and their relatives told us their care could be used in a flexible manner to ensure it was scheduled at the most appropriate time, which people and relatives confirmed.
- A person told us how this flexibility worked well for them and had a positive impact on their experience of using the service. They added, "If things change, they do their best to come out at short notice, which really works well for me."
- The registered manager continued to allocate people with a link worker, who was involved in key elements of coordinating their care to ensure their needs were met. A staff member added, "I feel [the provider] goes further in the care they provide. They are always trying to find out more to provide better care, telling us it is all about making a difference to people."

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 follow their interests and/or be supported in the community if this was an agreed part of their care, which also helped people to avoid social isolation.
- Samples of daily logs showed people were regularly supported to access activities, local clubs and amenities. A relative told us how important this support was for their family member. Daily logs also showed staff regularly engaged and interacted with people to support their emotional wellbeing.
- Where possible, the provider also had a staff member who took people out into the local community if they spent a lot of time at home or in bed. The registered manager said, "This is our own initiative and an important part of our model which recognises the need to get people out for fresh air to benefit their health and wellbeing."
- The provider supported people's cultural needs. A person told us staff had gone the extra mile to ensure they could meet their cultural needs. They said, "They have learnt to cook my food. I would sit with them and tell them, show them how to do it. They have learnt and taught each other. They are perfect with this and I really appreciate it."

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to any complaints or concerns with the care people received. The complaints procedure was given to people at the start of the service and discussed during the initial assessment.
- Although there had been no formal complaints since the last inspection, people and their relatives told us they had regular opportunities to give feedback about their care.
- People and their relatives told us they felt confident raising any concerns with the management team. A person said, "They are quick to respond if any issues and always listen. They have ironed out a few things and taken it board to resolve any issues. It has been really smooth."
- The registered manager said, "With the regular contact, especially the weekly welfare check, this really helps as it prevents any issues escalating."

End of life care and support

- Where this support was provided, the provider had systems in place to capture people's wishes and any advanced decisions at this sensitive time. The registered manager had a good understanding of the need to have sensitive conversations with people and their families and work closely with the relevant health and social care professionals.
- During the inspection, a person's health had deteriorated and the registered manager had an end of life plan in place, which included information and guidance for staff to be aware of.
- Staff had completed end of life training and the registered manager had also held a group video call for all the relevant staff team to update them about the person's change in care needs and additional support. A staff member confirmed this and added, "They have told us about the signs to look out for and the need to work with the nurses to keep [person] comfortable."
- We saw a compliment from a relative that stated, 'Thanks to you all with my deepest appreciation for all the love and kindness you showed [family member] in the last few weeks of their life.'

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider had systems in place to monitor the service to help them identify where improvements could be made and to ensure people were receiving the care they needed.
- Along with team meetings, there were a range of audits carried out to ensure records were being completed correctly and in sufficient detail. This included people's medicines records and daily logs.
- People and staff confirmed regular unannounced checks were carried out to observe the care they provided and to get feedback from people about the service. Staff told us these visits identified areas they could improve upon and were done in a supportive manner.
- A staff member said, "They picked an issue up and made me a better carer, it really helped. They made me see it in a different way and it had a positive impact on the care."
- There were minor issues with the level of detail within a person's records in relation to the management of their finances, as it was not fully clear the level of support that was being provided. The registered manager acknowledged this and said they would update the records right away.

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

- Although there had been no serious incidents or safeguarding investigations since the inspection, the registered manager had a good understanding of their responsibilities regarding notifiable incidents and when notifications had to be submitted.
- Due to the size of the service, the management team were able to carry out daily welfare calls and weekly checks to ensure people received the correct level of care and staff were aware of best practice.
- Staff confirmed they had regular communication with the management team and were positive with the lines of communication across the service. This included video calls to get updates on people and reminders about their key responsibilities.
- A staff member said, "If I am unsure about something, the field care supervisor comes to the house or we have a video call to discuss the help I need."

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

- The management team were visible across the service and were dedicated to ensuring people had positive outcomes and experiences from the care and support they received. The values of the service ensured people's care had a positive impact on their life and wellbeing.
- Feedback was positive about the management of the service and availability of the management team.

Comments included, "They have adapted to me to accommodate my needs. The [registered manager] comes out and gives me her time. I feel this is a bonus" and "They are a shining light for us. I have a lot of confidence in them and are one of the best agencies we've had."

- Care workers were also positive about the open and inclusive culture of the organisation and how it created a sense of importance and a strong team environment. Comments included, "Their selling point is about making a difference to the care sector and they make it clear how important the role is" and "They go out of their way to support me and make me feel comfortable. We are a like a family and I never feel like I am on my own."

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

- People and their relatives told us they were always involved and updated about the service and had opportunities to give regular feedback about their care. The provider spent considerable time meeting and speaking with people to understand their experiences.

- Along with feedback during home visits, people could complete satisfaction surveys about the quality of their care and whether improvements could be made. A recent statement from a person said, "I am very happy with Serenity and would definitely recommend them. I am well taken care of and my life has really changed since they took charge of my care."

- The registered manager had set up family WhatsApp group chats to help communicate with people and their relatives to ensure all parties were updated and aware of people's health and wellbeing and if there were any change in needs.

- Staff praised the support they received and told us they felt truly valued and appreciated. Staff who had been recruited from overseas told us they were helped to settle in the UK when they first arrived, which also included weekly English lessons to support them in their role.

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to discuss people's health and wellbeing and ensure their needs were met. They also worked in partnership with an organisation who helped manage the funding arrangements for people's care.

- The provider had also worked to create links with local authority commissioners within the local area and outside of London to promote their business.

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 was aware of their responsibilities to be open and honest with people if something went wrong with the care they received. Although there had been no incidents, duty of candour information and guidance was available within their accidents and incidents log.