Premum Care Ltd

Serendipity Home

Inspection report

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Date of inspection visit:
07 March 2017
08 March 2017

Date of publication:
05 April 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Serendipity Home is a privately owned care home situated in South Manchester close to a variety of local shops and other community services. The home is registered to provide nursing care and accommodation for up to 45 older people. This was an unannounced inspection of Serendipity Home on 7 and 8 March 2017. At the time of our inspection there were 32 people living at the home.

We last inspected Serendipity Home on 18 and 19 January 2016 at which time the home was found to be non-compliant in relation to Safe Care and Treatment. The breach of Safe Care and Treatment was with regards to staff not being suitably trained to provide care and treatment safely.

During this inspection we found that the provider had taken action to address the breaches identified at the last inspection.

A serious incident had occurred at the home on 30 January 2017. The Greater Manchester Police and Health and Safety Executive are investigating the cause of the incident. This matter is subject to an on-going investigation and as a result this inspection did not examine the specific circumstances of this incident.

The service had a registered manager in place as required by their Care Quality Commission (CQC) registration. 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.

At the last inspection we found end of life care was not always planned in the correct way. At this inspection we found a number of improvements had been made. The service was registered with the Six Steps end of life programme. We saw people were supported to discuss their wishes for their care at the end of their lives.

At the last inspection we found the system for managing medicine needed to be improved. We saw improvements had been made since the last inspection. We reviewed the systems for the management of medicines and found that people received their medicines safely.

During our visit we saw examples of staff treating people with respect and dignity. People living at the home and their visitors were complimentary about the staff and the care and support they provided.

At the last inspection people living at Serendipity Home were not always involved and consulted with decisions about how they wished to be cared for. At this inspection we found the provider had implemented a number of positive changes, allowing people and their family members to meet with the registered manager to discuss their care.

People were offered adequate food and drinks throughout the day, ensuring their nutritional needs were

met.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

People told us, and records showed that people had regular access to health care professionals, so changes in their health care needs could be addressed.

Staff received training and supervision they required to be able to deliver effective care. Staff were supported to complete a nationally recognised qualification in health and social care.

At the last inspection staff told us they did not think there were sufficient numbers of staff on shift to meet people's needs in a timely way. Whilst some people told us this was still the case this was not what we observed over the two days of inspection. We saw no one waiting for support, nor calling out for long periods of time. Call bells, when sounded, were answered in a timely way and the atmosphere on all units was calm and unhurried.

The needs of people using the service had been assessed and planned for. Risk assessments had been completed alongside each care plan where appropriate, to help staff to identify and control potential and actual risks. Care and support plans viewed were person centred and included key information about what was important to people, their likes and dislikes, tips for promoting effective communication and key information on their support needs.

During the inspection we continued to receive differing opinions from people in relation to the activities on offer. There were a number of activities planned during the year which people said they enjoyed. Some people told us they would like to do more meaningful things each day. The registered manager confirmed she would continue to monitor the activities on offer.
People and their relatives were invited to regular 'resident meetings' at the home. Discussions included the food and activities on offer at the home.

Policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). Staff had received training in relation to this protective legislation.

We saw that the provider had an effective system in place for dealing with any complaints. We found that people felt confident that staff would respond and take action to support them.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review 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.

People were protected from abuse and avoidable harm.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet their individual needs. They had access to external healthcare professionals when more specialised advice was needed.

Staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training and had access to policies and procedures in respect of these provisions.

Staff involved other health care professionals and worked in collaboration with them to ensure the service was effective in meeting the health needs of the people using the service.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well.

People were treated with kindness, dignity and respect.

People were supported by committed staff who were compassionate and patient.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were offered opportunities to take part in activities. However, we received a varied response in relation to the activities on offer.

People were able to make complaints or comments about the care that they received. Complaints and compliments were logged and investigated appropriately, to help identify areas for improvement.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager to provide leadership and direction to the staff team.

There was a clear staffing structure and a good staff support network.

There were systems in place to monitor the quality of the service and to drive further improvements.

Serendipity Home

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.

This inspection took place on 7 and 8 March 2017. The first day was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is someone who has experience of, or has cared for someone with specific needs. On this occasion the expert by experience had experience of working with older people and people living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We also reviewed the information we held about the home and requested information from other health and social care professionals including Trafford Council safeguarding team, Healthwatch Trafford and the Clinical Commissioning Group.

During the inspection we observed interactions between staff and people who used the service. We spoke with twelve people who used the service, and four family members. We also spoke with nine members of staff, the registered manager, one nurse, two senior care workers, two care workers, the cook, one domestic assistant, and the activities coordinator.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at four people's care records, four staff recruitment files, training records as well as information about the management and conduct of the service.

Good

Is the service safe?

Our findings

During the inspection we asked people if they felt safe living at the home. Twelve people we spoke with told us they felt safe. Comments included, "I am safe and if I wasn't, I know what to do", "There is always staff passing by and if you need help, you press the buzzer and they are here very quick" and "I would like to believe that I am safe, when I need staff I just shout or go find them."

People's relatives told us, "I feel the home is safe, the manager was very kind to allow my dad for respite here" and "Staff are always available, they are friendly."

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Care workers could describe the forms of abuse that people using the service could be vulnerable to and said they would report any concerns to their manager. Two members of staff said that if they were not satisfied with the outcomes of an investigation, they would escalate their concerns to the local authority and Care Quality Commission (CQC). We saw that policies and procedures were available to guide staff in safeguarding people from abuse.

We checked the safeguarding records in place at Serendipity Home. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; we noted these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

We asked people if they felt there were enough staff to meet their needs. Comments received were varied. We were told, "There is always somebody around, got no issues with staff", "I use the buzzer and it doesn't take that long for staff to be here", "Sometimes it seems to be short staffed as you had to wait for a bit to have staff take you to the toilet", and "Sometimes when you need someone, you struggle a bit to find them."

Comments from people's relative included, "Staffing is getting better, there were times when my dad will still be in bed at 11am, it is now sorted" and "There is more regular staff, less agency staff, the home works better that way."

We discussed staffing levels with the registered manager and also looked at the staffing rota. The registered manager explained that the service used a staffing dependency tool that calculated the needs of the people receiving nursing and residential care. We viewed the staffing dependency tool for February 2017 and found that the service was safely following the calculated dependency of having at least five staff members on duty per shift.

We looked at the staffing rota for the previous four weeks and saw that there was always one trained nurse on duty along with two senior care workers and four to five care workers, along with a member of the kitchen staff, housekeeping, admin, activities coordinator and the registered manager. Overnight, there was always one trained nurse and three care staff members on duty. From our observations during both days of inspection, staffing levels at Serendipity Home were sufficient to meet the needs of people living at the

home.

At the last inspection we found that on the whole the home ensured medicine was managed safely but some areas of medicine administration needed improvement. For example, we noted there were no protocols in place for the administration of as and when required medicine (PRN).

At this inspection we checked the systems for the receipt, storage, administration and disposal of medicines at the home. We checked the medication administration records (MAR) and saw that there were no gaps, and it was clearly recorded when people had refused to take their medicines or had not required it. Staff explained that when someone refused to take their medicine, they would try again later. If they still refused then this was recorded and medicines were disposed of in a safe manner. If this refusal continued staff told us they would inform the GP and the management team. Where people were prescribed medicines on 'a when necessary' (PRN) basis, there were clear instructions for staff so they could recognise when the medicine was needed. Medicines received from and returned to the pharmacy were recorded.

We were told that nursing staff were responsible for the administration of medicines to people requiring nursing care and a senior member of care staff was responsible for the administration of medicines to people receiving residential care. We looked at records which showed us that all staff responsible for administering medicines had completed medication and competency training. This meant people were supported with their medicine by suitably trained staff.

We checked to see how the service managed medicines which required additional checks and storage; these are known as controlled drugs. We saw these were kept separate from the other medicines, and the nurses completed additional checks in line with the requirements. We found clear procedures for staff to follow for any medicines that needed to be disposed of and a record kept on the system to show this. This showed the service managed people's medicines safely.

The details of any accidents and incidents that occurred within Serendipity Home had been recorded each month. An overview of key information such as the time of an incident; type; location; level of intervention required and numbers had also been recorded to enable the registered manager to analyse the statistical data and identify any trends.

At our last inspection we found issues with storage of equipment of the home. For example, we found some areas of the home were cluttered with wheelchairs and hoists. At this inspection we found equipment such as hoist had been stored safely and we didn't find any areas that were cluttered.

We found the home was clean and tidy. This included communal areas, in people's rooms, in bathrooms and toilets and the equipment people used. However, we noted two bedrooms did have a malodour due to the continence issues of the people who lived there. The domestic workers we spoke with could explain the daily and weekly cleaning schedule and described how rooms were deep-cleaned when people left the home. This meant that the home was clean which helped keep the people safe from infections.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. However, on the first day of our inspection we saw that one staff member was wearing an 'engagement style ring' with large stones in them and another member of staff wearing a 'signet' style ring. Jewellery must be removed when working in clinical care settings to prevent the spread of micro-organisms by contact with contaminated jewellery. We discussed this with the registered manager who confirmed staff were aware they shouldn't be these kind of rings and only wedding bands rings were acceptable. During the second day we observed one of the staff members

had removed the 'signet' style ring, the other staff member was not on duty.

We found policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw monthly infection control audits were undertaken which showed any issues were identified and acted upon. We reviewed the systems in place to help ensure people were protected by the prevention and control of infection.

We saw that the local authority had completed an infection control audit in March 2017 and the service had been rated 80% compliant overall. We also saw some of the actions that had been identified in the audit had already been completed.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place.

We checked recruitment documentation for three recently employed members of staff at Serendipity Home. Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer.

We reviewed four people's care files and found individual risks had been identified, including mobility, nutrition and the risk of developing pressure sores. Guidance was provided for staff to follow to help reduce the identified risks. The risk assessments had been reviewed and updated where necessary to reflect any changes in people's needs.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in the staff office. These plans detailed if a person was independently mobile or what support they would require to evacuate the building during the day and at night. This meant information was available for the emergency services in the event of the building needing to be evacuated.

Records we reviewed showed that the equipment within the home was serviced and maintained in accordance with the manufacturers' instructions. This included the fire alarm, call bell and emergency lighting systems. Records we looked at showed regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager and staff what to do if there was an incident or emergency that could disrupt the service, for example a gas leak or an interruption of the electricity supply.

Good

Is the service effective?

Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had a very good knowledge of how to support people with mental health needs and that because of the staff support they had remained well.

People said, "Oh yes, staff know better, they always ask for my opinion", "If I require a GP, I just ask staff", "When I had chest infection, staff called someone and I got some antibiotics", and "I get a GP when I need one."

Comments from people's relatives included, "My dad is well looked after, I have no doubt, as I am always here, staff do keep me on the loop often" and "I am always told when my family member is not that well."

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 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.

Where a person had been assessed as lacking capacity to consent to their care a DoLS application had been made. A DoLS matrix was used to monitor any DoLS that had been requested by the service. We observed staff seeking people's consent before providing care and support throughout our inspection.

At our last inspection we found the service used assistive technologies such as pressure mats which sound an alarm when a person gets out of bed, these were used when a risk had been identified to an individual. We found risk assessments had not been undertaken by the provider to capture the reasoning why assistive technology was required and nor had it been discussed at a best interest meeting. At this inspection we found the registered manager had fully reviewed restrictions in place such as pressure mats and a rationale was given to the reason why this was in place. Furthermore, any assistive technologies were included on DoLS applications and discussed at best interest meetings. This meant the service was working within the principles of the MCA.

We looked in people's care files for information around consent. The care plan included consents for photographs, medication and the sharing of information. There were forms in care plans that recorded people's consent to their care provision.

We observed the morning handover meeting between the night shift and the incoming morning shift. The handover was used to inform staff of people's wellbeing and any changes that had been noted. Staff told us if they had been off work for a period, for example annual leave, they would receive an extended handover from a senior carer on their return to work. This meant the staff were kept up to date with any changes in people's needs and support. A handover sheet was also used for the staff to inform each other of any relevant information or if appointments needed to be booked.

At the last inspection we found the provider had not ensured all staff were suitably trained to provide care and treatment safely. For example, we found one person due to their medical condition should be nursed in bed at a 45 degree angle or upright. When we spoke with care staff what they told us meant that they did not understand the risks to people who were nursed in bed as they were not aware why people needed to be elevated in this way. At this inspection we found people's care plans were accurately recording people's assessed care and staff were fully aware of how people needed to be positioned in bed.

We spoke to six members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities. Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

New staff were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

A four week rolling menu plan was in operation at Serendipity Home which was reviewed periodically in collaboration with people using the service and their representatives. A large menu board was hung from the wall that offered a choice of meals for people to select and other options were available upon request. Menus viewed also confirmed that people using the service had access to a varied, balanced and wholesome diet. People's comments about the food were positive, "Staff came around to offer me a choice for dinner, and I got what I asked, I enjoyed that", "I eat almost all the time, the food is alright", "If I don't like some food, fair play to staff, they make me something else" and "Good choice of food."

The home employed a cook and a kitchen assistant. They had a list of any person who required a fortified meal or soft diet. The staff informed the cook of any changes to people's requirements as advised by the dietician or Speech and Language Team (SALT). We saw one main meal was available at lunch and tea. People could choose an alternative such as sandwiches, soup or salad if they did not like the main meal that day. The most recent inspection from the environmental health department in January 2017 was awarded a rating of 5 stars which is the highest award that can be given.

We discreetly observed a lunch time meal being served. Dining tables were appropriately positioned to enable people to move around the dining room safely and staff were on hand to serve and support people. We observed staff to be attentive and responsive to the needs of people during lunch time. People were encouraged to retain their independence when eating and staff offered a caring and reassuring approach when necessary. For example, we noted one person who was refusing to eat a meal. We watched staff take the necessary time to support and encourage the person to eat their meal at a pace that they were comfortable with.

The mealtime was unhurried and provided a pleasant opportunity for social interaction.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; community and specialist nurses; chiropodists and opticians subject to individual needs.

We noted that people's rooms had been personalised with memorabilia and personal possessions to ensure they were comfortable. We also saw that efforts had been made to help people orientate around the home. For example, memory boxes had been fitted in the unit accommodating people living with dementia. There was also clear signage displayed on the doors to help people identify each facility. Additionally, corridors and communal areas had been decorated with different themes and artwork to ensure they reflected the needs of the people living at the home.

Good

Is the service caring?

Our findings

People told us staff were very supportive and caring. People said, "Staff treat you very well and staff always speak to you", "We got brilliant staff", "Staff are doing a great job" and "This is a caring home, I am very happy here."

Comments from people's relative included, "Staff are very accepting, very supportive and very caring" and "If you want something from staff, even though they are busy, they do it, generally."

We asked staff about their understanding of treating people with respect and dignity. One told us "We respect everyone here, we know people's needs very well." Another said "Just being sensitive to how we speak and support people It makes people feel comfortable and relaxed." We observed staff interacting with people in a caring and supportive way. We noted staff were providing care in the morning of our inspection and observed staff knocking on people's doors and waiting for a response before entering. One person told us "Staff knock at your door, and speak nicely to you."

During the inspection we observed that the home presented as a calm and relaxed environment and that people were being supported by staff that were genuinely warm, attentive and responsive to people's individual needs. Staff were seen to take time to facilitate communication and interact with different people with a diverse range of needs and encourage them to participate in conversations or activities in a respectful and dignified manner. We also noted that people were accepted and empowered to follow their own routines throughout the day.

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history.

At the last inspection we recommend the service refers to NICE guidance for end of life care due to the end of life care plans not always being person centred. At this in inspection we found the service had made a number of improvements in delivering end of life care for people. We saw that the home was registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death. The registered manager had been trained in the use of the six steps and ensured her staff team were also trained in end of life care. The manager maintained a register of those people at the end of their life and the stage within the six steps they were at.

The registered manager told us some people engaged with advanced care planning for the end of their life and others did not want to discuss it. The registered manager confirmed when people were being cared for at the end of life stage they put a picture of a leaf on the person's door to ensure staff were fully aware this person was currently going through the end of life pathway and provide additional care to this person. This meant people were supported to plan the care they wanted at the end of their life

There were four 'Champion' roles within the service where the provider had ensured staff had an enhanced level of knowledge in areas such as, infection control, safeguarding, dignity and end of life. The registered manager told us that these roles and responsibilities had led to improved understanding of people's health related needs.

None of the people receiving personal care services at the time of our visit had specific needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

We viewed information that was provided to people who used the service. We saw this gave a clear explanation about the service. This included information about the standards of care and conduct that they should expect from staff. We found this was a good way to ensure people had the level of information they needed to make an informed choice.

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service if they found the service provided at Serendipity Home to be responsive. Comments received included: "Staff always talk to me about my care" and "Staff discuss things with you." Comments from people's relative included, "My dad is on respite and I have being involved in signing his respite care plans" and "Staff keep us informed with care plans, we have reviewed his care plans recently."

At the last inspection we received a varied response in relation to the activities on offer at the home and recommended the service considers good practice guidance in relation to the choice of activities offered. For example, some people told us they took part in lots of activities; others said they were left for long periods of time throughout the day with not much to do.

At this inspection we continued to receive a varied response. Comments received from people included, "I don't do much at the moment, I very rarely go out", "I sit all day and watch telly or read a newspaper, I wish I could go out for fresh air often", "I read a magazine, only in summer when it is hot, I sit in the garden", "There is plenty going on, I tend to do my own thing" and "There are things to do with staff, like arts and craft and jigsaws."

Comments from people's relatives included, "My dad likes sing-alongs and entertainers", and "There is not a lot going on especially if you can't communicate very well, that is why I am always here so I can support my family, I take him out often."

We spoke with the activities coordinator who told us that there were more activities that everybody could join in with. The provider had made monies available to buy new equipment and resources to encourage people to participate in new activities, as well as maintain their interests as much as possible. Notices displayed in the home told people what activities were available each day. We noted that daily activities were being carried out such as, singing and instruments, and quizzes. Additional activities on offer included: theme nights; board and interactive games; baking; arts and crafts; gentle exercises and fitness; outside entertainment and church services. The activities organiser recognised how they needed to review them so that they are appropriate activities for the people, because the numbers attending group activities was limited reflecting the frailty of some people in the home.

On the day of inspection we observed the activity coordinator hosting an interactive engaging activity, which was well attended by 12 residents: it started with her rendition of 'what's on the news by reading related current highlights. The activities coordinator then began to read poetry such as 'The owl and the pussy cat', 'Twas the night before Christmas' by George Orwell. The event ended with discussions about interesting facts and people appeared to enjoy this activity. We discussed the varied comments with the registered manager, who confirmed the home will continue to review the progress of activities on offer at the home.

At the last inspection we found a breach of the Regulations because risk assessments and care plans did not ensure care and treatment was provided in a safe way. For example, staff were not following people's

assessed care needs and this had not been incorporated in the care plans. We checked the daily notes and found not all staff were following this procedure.

At this inspection we found significant improvements had been made, care planning reflected a person centred approach to the providing of care. We looked at four people's care files as part of the inspection. Care plans were up to date, reviewed as needed and contained information about people and their preferences. Each person had a range of assessments and care plans for their care and support needs. These were written from the person's perspective and had information about their personal preferences. We checked whether the care and equipment needs identified within the care plans were in place and found they were. For example, pressure relieving equipment was being used if required.

We noted individual daily notes were electronically recorded. Staff were observed completing these records throughout the inspection by using the computers at the home. The daily log sheet referenced any additional records completed; for example incident reports, food monitoring and pressure area care, that were stored electronically.

The complaints procedure was available for people living in the home and their relatives. People told us that they knew how to complain. Comments from people received included, "I don't have any concerns, if something goes wrong, I will speak out", "I talk to staff if I have any issues, everybody is dead good", and "I know there is a complaints procedure for when I need to complain."

There was a system of acknowledging, investigating and responding to complaints in place at Serendipity Home. Recent complaints and concerns were logged on a tracker so we could see what stage the investigation had reached and which member of the management staff was dealing with it. The registered manager discussed complaints during residents meetings, people were encouraged to make a complaint if there was any aspect of the service they were not happy about. The management team wanted an open and transparent service where people felt comfortable and relaxed to speak out at any time.

Good

Is the service well-led?

Our findings

The home had a registered manager in post as required by their registration with the Care quality Commission (CQC). The registered manager was present during the two days of our inspection and was helpful and supportive throughout the inspection. We found the registered manager to be approachable and noted the director of the home had a visible presence in Serendipity Home.

Staff we spoke with had a good understanding of their roles and responsibilities and said they felt supported in their role by the registered manager. Staff comments included, "The manager is great, she has turn this home around", "If I have any issues I can go to the manager straight away, she expects high standards from us all which is great" and "The manager is brilliant, she is a perfect leader."

The management team were seen to take time to interact with people using the service, visitors and staff in a supportive and friendly manner. Staff spoken with demonstrated an understanding of the organisation's overall vision and values and information on the home's aims and objectives and statement of philosophy was available within the statement of purpose for people to view.

A governance checklist was in place which the senior management team used on an on-going basis to assess and appraise the overall performance of key aspects and functions of the home. This covered areas such as: health and safety; staffing; medications; quality action plans; regulatory requirements; complaints and compliments; safeguarding; care plans; communication; feedback and outstanding works. Upon completion of the governance checklist, a detailed action plan was completed which included details of the action required, person responsible and target dates. Progress was monitored closely by the managing director to ensure scrutiny and accountability.

The provider had established a quality assurance system which was based upon seeking the views of people who use the service or their representatives. The registered manager confirmed during the inspection that they have had a low turnout of questionnaires in the past so the home decided to invite people and their relatives to a meeting at the home to discuss their support. The registered manager produced an action plan template that was titled 'you said this' and 'we did this'. The manager confirmed this new process worked very well and the home received a good intake of people attending for meetings.

People and relatives also had an opportunity through regular meetings to express their views and make suggestions about the quality of care they received. Minutes showed discussions had taken place about the food and activities. The meetings were also used to inform people about developments and plans for the home.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Trafford Borough Council's Contracts Monitoring Team. This is an external monitoring process to ensure the service meets its contractual obligations. The contracts monitoring team last undertook a visit to Serendipity during December 2016. Upon completion of the monitoring visit the service was rated 95% compliant. We reviewed the provider's action plan with the registered manager and noted

that progress had been made in relation to some minor tasks that needed to be completed.

The provider had developed policies and procedures in place for staff to reference. These included: quality assurance; Mental Capacity Act; deprivation of liberty safeguards; staff recruitment and supervision; safeguarding of vulnerable people; whistleblowing; infection control and medication. These were readily available for staff to reference.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the registered manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.

We saw minutes from regular staff team meetings for both day and night staff and senior carers meetings. Items discussed at the meetings included the people who used the service, staff issues and medicines. This helped to ensure the service continued to provide safe and effective care.