

Serenity Always Ltd

Serenity Always Health Care

Inspection report

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Date of inspection visit:
28 September 2020

Date of publication:
23 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Serenity Always Health Care is a domiciliary care service that provides personal care to people living in their own homes. At the time of our inspection visit, the service was providing personal care support to eight 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.

People's experience of using this service

Quality assurance systems were not always effective at identifying areas for improvement and we could not be sure that measures introduced to monitor the service would be sustained. We could not always be sure people were kept safe when bruising had been found.

The assessment and management of risk to people had improved overall, however we found some areas which would benefit from further improvement. Lessons had not always been learned when things had gone wrong as there were still some areas to improve.

The management of medicines had improved but further improvements were needed. One topical cream was being applied by staff which was not prescribed, and this had not been identified. 'As required' medicine had guidance in place for staff to follow.

There were enough staff to cover calls. Staff were recruited safely, however we found one example where the documenting of employment checks could be more robust. People were protected from the risk of cross infection as staff followed the additional guidance in place due to the COVID-19 pandemic.

People were having their decision-specific mental capacity assessed and decisions made in people's best interests were now recorded. People had access to other health professionals and guidance was sought from people's GPs. People were generally supported by family to eat and drink, however we found people were supported as appropriate in line with their needs. Staff received training to be effective in their role, had their competency checked and felt supported.

People and relatives were asked their opinion about the support they received. People, relatives and staff felt positive about the management of the service and improvements being made.

The registered manager was aware of their responsibilities about duty of candour. The provider was displayed their previous inspection rating as necessary and they worked in partnership with other organisations.

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 this service was requires improvement (published 14 January 2020) and there were multiple breaches of regulation. The key question well-led was rated inadequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of some regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service in November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement overall. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Serenity Always Health Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe care and treatment and governance at this inspection.

You can see the action we told provider to take at the end of the full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Serenity Always Health 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection site visit was carried out by one inspector. Two other inspectors made phone calls to people, relatives and staff.

Service and service type

Serenity Always Health Care is a domiciliary care service, providing personal care in people's homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service one working day notice of the inspection starting because we needed to arrange to make telephone calls to people using the service.

Inspection site visit activity was carried out on 28 September 2020. We visited the office location to see the provider, registered manager and staff, and to review care records and policies and procedures. We made phone calls to people and relatives on 28 and 29 September 2020.

What we did

We looked at information we held about the service including notifications they had made to us about important events. A notification is information about events that by law the registered persons should tell us about. We also reviewed monthly updates sent to us by the provider, which is a condition on their registration. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

We spoke with two people who used the service and four relatives over the phone. We also spoke with four staff members over the phone. Whilst visiting the office we spoke with the care coordinator, the registered manager and the nominated individual from the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed four people's care records including some medicine records and records relating to the management of the service, including audits, meeting minutes, surveys and two staff recruitment files.

After the inspection, we requested additional evidence that could not be supplied on the day of our visits, such as explanations to some of our findings and a copy of the provider's business continuity plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At the last inspection there were concerns relating to assessing and managing risks to people's health and wellbeing. This contributed towards a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements however there were still ongoing concerns in relation to supporting people to remain safe.

- It was not always clear how people were kept safe if unexplained bruising was found. One relative told us, "There have been a couple of occasions we have found marks on [person's name] and these haven't been documented and we haven't been informed."
- Some people had body maps in their file, and it was not always clear what action, if any, had been taken. For example, one person had a bruise recorded in their care notes and on a body map – the staff had told the person's relative about the bruise but there was no further recorded action. Another person also had a recorded bruise on a body map and the action did not include reporting this to external agencies. Therefore, we could not always be sure people were being kept safe.
- Despite this, people told us they felt safe and relatives confirmed this. Relatives told us, "I am happy [my relative] is safe" and, "I feel [my relative] is safe in their care."
- Staff received safeguarding training. Staff could tell us about the different types of abuse, how to recognise it and they knew their responsibility to report concerns. We found staff would document their concerns, but further action was not always evidenced as taken as it had not always been identified through reviews of documentation.
- The assessing and management of risk had improved. There were more detailed risk assessment s and plans in place which covered how people needed to be supported.
- However, we found one example of a person who was at risk in relation to constipation. There was a protocol in place for their medicine related to this, but their condition was not being effectively monitored despite it being a known risk. Other people had monitoring charts in place, so it was unclear why this was not in place for this person.
- One person could become agitated. Their plan was now more detailed than the last inspection, however it had still not been updated following a more recent change in their behaviours to reflect this. Despite this, staff were aware of the person's behaviour that may challenge and were aware of their preferences.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong.
- At the last inspection we found that a central folder had been introduced with copies of accident and

incident forms and body maps. However, there was no analysis or oversight of these. At this inspection we found some body maps had recorded bruising, and there was no evidence action had always been taken. Therefore, lessons had not always been learned.

- Whilst accidents and incidents were being more robustly recorded by staff, there was still not always analysis of these to check trends. Following our visit, the nominated individual carried out an analysis of ten months of records. This showed a consistent overall approach had not been in place prior to our visit.

The above constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the last inspection there were concerns relating to the management of medicines. This contributed towards a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made so they were no longer in breach, but further improvements were needed.

- People's medicines were not always safely managed.
- Topical medicines and oral medicines were being administered and the recording of these had improved since the last inspection. However, we found one example of staff recording in the care notes that they were applying a topical cream to a person which was not prescribed and was not on the person's Medication Administration Record (MAR). This had not been checked with the GP. Following our feedback, the service contacted the GP to check it was safe to apply this.
- People who needed 'as required' medicine (also known as PRN medicine) had protocols in place to help staff identify dosages and when the medicine was needed. One staff member said, "I do [administer] medicines and have had training. I have people who have PRN medicines like paracetamol. I judge by their persona and people have PRN protocols which tell me when to give it."
- Medication assessments and plans were in place which guided staff how people needed to be supported. The recording of the administration of medicine and any omissions were now being recorded.

Staffing and recruitment

- Staffing had improved since the last inspection; there were enough staff to ensure people received their planned care. The registered manager and provider were not having to cover as many calls, so they had more time for management duties.
- People and relatives confirmed staff were generally on time. One person told us, "Yes they [staff] come on time." One relative said, "They [staff] come at the same time every day unless they have an emergency. If they are running late, they call me from the office."
- Improvements were needed to how recruitment of staff was documented. One staff member had some information recorded about their conduct in a previous job role. There was no evidence this has been explored further and measures put in place to ensure people were safe. We discussed this with the provider and registered manager, and they were able to explain to us the measures in place. Following our feedback, a documented risk assessment was put in place.
- There were checks carried out on staff suitability to work with people who use the service. Checks included on criminal records and references from previous employers.

Preventing and controlling infection

- People were protected from the risk of cross infection. During the COVID-19 pandemic, extra guidance and measures were in place for staff to follow to help keep people safe. These included wearing personal protective equipment (PPE) such as a mask, gloves and aprons.

- People and relatives confirmed staff wore this PPE. Comments from relatives included, "Staff wear what they need to. They wash their hands too. They are quite considerate" and, "Staff wear gloves, aprons and masks." Another relative commented, "The staff wear the gloves, aprons and masks. They wash their hands regularly. They have this under control."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. At the last inspection there was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's capacity and consent were not being checked. At this inspection, there was no longer a breach of Regulation 11.

- People's mental capacity was now being assessed and clearly recorded. The registered manager had undertaken some training about MCA and had further training planned to continue to improve their understanding.
- Staff had varying levels of understanding of MCA, but the majority could explain what this meant and discuss the needs of the people they supported in relation to decision making. One staff member said, "It will say in their care plan if they have capacity or not and we know people so would know anyway... If people can't make decisions, there should be a best interests decision in place."

Staff support: induction, training, skills and experience

- Staff received training to be effective in their role.
- People and relatives told us they felt staff were suitably trained. One relative said, "They [staff] seem like they have the right training and skills... They seem to know what they are doing." Another relative commented, "I think the training and learning has improved." The provider also sent us evidence of online training that staff had completed.
- Staff told us they felt supported and they received supervisions. Staff also had their competency checked to ensure they were suitable to work with people who used the service.

- One staff member said, "I have spot inspections and supervisions and I feel supported." Another staff member told us, "[The care coordinator] came out and assessed me and said, 'yes, I am happy for you to work'. They have my certificates on file."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had more detailed risk assessments and care plans in place which detailed their health and support needs.
- People were supported to access support from other health professionals when needed. Information was sought from peoples' GPs, guidance was available from Speech and Language Therapists and a person's pharmacy had been contacted when medicine had not arrived on time.
- Relatives told us they were kept up to date about their loved ones health conditions. One relative said, "It's not just feeding and clothing people, its calling the GP if they need to, letting me know who to speak to." They went on to say, "They [staff] know [my relative] better than I do at times, I don't always know [about the health condition], but staff let me know."

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

- Most people were supported by their relatives in relation to food and drinks. Where necessary, there was guidance in place relating to people's dietary needs and their cultural preferences were catered for.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found serious concerns regarding the governance and oversight of the service which resulted in a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we continued to have concerns and there was a continued breach of Regulation 17.

- Quality assurance systems had been introduced. Whilst there were some improvements, such as the recording of the administration of medicines being clearer, there were still omissions which meant not all areas that may need action were identified and resolved.
- We could not be sure that measures introduced to monitor the quality of the service would be sustained. The nominated individual had told us of monthly phone calls to people to check they were satisfied with their care. They had only completed two phone calls and the last one had been done in July 2020. Therefore, we could not have confidence these would continue.
- The nominated individual also showed us some weekly checks they had started conducting to review any issues raised by staff via the electronic application (app) on their phone. However, these checks had ceased in July 2020, so again, we could not be sure these checks would be sustained.
- Audits of care records encompassed all records for individuals, this could include personal care charts, bowel monitoring charts, food and fluid charts, depending on the needs of each person and what needed recording.
- One person was supported with prescribed creams. Staff clearly documented when these were applied. However, staff also documented in the person's care notes an additional cream which was not noted on the MAR chart was being applied. The care notes had been audited and this had not been identified.
- Another person had a bruise documented in their care notes and staff had followed this up by recording the location of the bruise on a body map. The care records had been audited and it stated 'no concerns' and the bruise had no follow up action.
- One person was supported by staff to eat. Staff documented the food they were offering to the person, but the manner in which it was documented suggested the food was not in line with the guidance for the person's diet. Following our feedback, it was found the person was being given food appropriate for their needs, but staff were not always accurately documenting the consistency of food. Audits had not identified this prior to our feedback.
- The personal care charts prompted staff to record if they had supported people with a wash or a

bath/shower. Staff were not always indicating how they had supported people, and this was not identified on the audits.

- Therefore, the audits were not always effective, and we could not be sure that areas for improvement were always identified.
- At the last inspection there was a lack of effective monitoring of staff training. Whilst staff had received training there was still a lack of oversight of this. There was no central training matrix, or equivalent, that monitored staff training. When we asked the registered manager about this, they said they were working on it but it was not yet in place.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Many improvements had been made since the last inspection, such as improvements to care plans. However, systems to effectively monitor the quality and safety of people's care had not proven to always be effective and sustained.
- It was not always clear what action had been taken when staff had identified and documented bruising on two people, so we could not always be sure people were protected.

The above constitutes a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager was aware of their responsibilities relating to duty of candour. They said, "We have to be open and honest with everything."
- As a result of the serious concerns we found at our inspection on 9 April 2019, we imposed conditions on the provider's registration in relation to ensuring staff had a clear plan in place which provided guidance to staff on how to support people with their medicines safely.
- At the last inspection we found this guidance was not always in place for staff, so the provider was in breach of Section 33 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- At this inspection, we found this guidance was now in place and guidance for staff regarding medicines had improved. Therefore, the provider was no longer in breach.
- The previous inspection rating was being correctly displayed on their website and in their office as required.

Continuous learning and improving care

- Whilst there had been multiple improvements to the service, there continued to be some concerns, some of which were the same as the previous inspection. Such as a cream being recorded in care notes but not on the MAR and this was not identified through audits and body maps indicating bruising and action not being clear.
- Despite some continued concerns, people, relatives and staff felt positively about the management team and felt some improvements had been made.
- One relative said, "They seem like they have improved to be honest." Other comments from relatives included, "The service is very reliable, and it has been really good" and, "Serenity have made a lot of improvements and this reflected within the care."
- Staff and relatives commented upon how positive they found the care coordinator to be. We were informed they were due to become the deputy manager once they had recruited to replace their previous role. One relative said, "I feel [care coordinator] has really made the changes and I just worry if [they left] it will go back to how it was, and it really can't. I just want it to go forward and not backwards."
- Staff said, "The care coordinator is very, very good" and, "[The care coordinator] is really good."

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

- People and relatives had been asked for their opinion about the support they received. One relative said, "They send out a survey to see if we are happy with everything. I did one about three weeks ago and was happy with everything." Another relative commented, "They send out surveys and do phone calls."
- The nominated individual had analysed the survey responses, although there were few comments. They had designed a different survey to try and get further feedback.
- People, relatives and staff felt able to go to the registered manager, nominated individual and care coordinator. Comments from people and relatives included, "The [nominated individual] is lovely. Whenever I speak with them, they are very attentive and gives reassurance." A staff member said, "I'm well supported, we are all like one big family."

Working in partnership with others

- The registered manager, nominated individual and care coordinator worked in partnership with other organisations. They worked in collaboration with people's GPs and health professionals.
- They had engaged support from a consultant in order to assist them to improve further.