

Serenity UK Care Limited

Serenity UK Limited

Inspection report

86 Partridge Knoll
Purley
Surrey
CR8 1BT

Tel: 02086606199

Date of inspection visit:
15 May 2018
17 May 2018

Date of publication:
29 June 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 15 and 17 May 2018 and was unannounced. This was the first inspection since this location registered with us.

Serenity UK Care Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Serenity UK Care Ltd does not provide nursing care. At the time of our inspection the service provided care and support for three people.

A registered manager was in post at the time of our inspection. 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.

Information was available to people to explain what they should do if they felt unhappy or did not feel safe. The staff members we spoke with demonstrated a good knowledge on how to recognise abuse and how to report any concerns.

Staff protected people from risk while minimising restrictions on people's choice and control. Staff told us about the risk people faced both in the service and in the community and how they could help to reduce risk but still encourage people's independence.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were adequate numbers of staff to support people and staffing numbers were flexible depending on people's needs and activities. The service followed safe recruitment practice.

There were appropriate arrangements in place for the storage, administering, recording and disposal of medicines. Staff administered medicines safely.

All areas of the home were clean and well maintained. Cleaning schedules were in place and staff had access to personal protective equipment when required. We have made a recommendation about the management of dirty and clean washing in a social care setting.

People were supported to keep healthy and well. They were supported to attend appointments with GP's and other healthcare professionals when they needed to. People were encouraged to make health choices about their food and were supported to have sufficient amounts to eat and drink.

People were offered choices, supported to feel involved and to have maximum choice and control of their lives while staff supported them in the least restrictive way possible. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The policies and systems in the service supported this

practice. Staff knew how to communicate effectively with each individual according to their needs.

People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful and encouraged people to follow their own hobbies, activities and interests.

Care records focused on people as individuals and gave clear information to people and staff. People were encouraged to make decisions about their care and support needs. These were reviewed with them regularly by staff.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve 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. Staff knew how to recognise abuse and how to report any concerns. There was a sufficient number of staff to keep people safe.

Individual risk assessments were undertaken and people were supported to manage and reduce risk that could cause them harm. There were processes in place to record and learn from incidents.

Safe medicines management processes were in place and people were protected from the risk and spread of infections.

There were sufficient staff to keep people safe and meet their needs. Safe recruitment procedures were followed.

Is the service effective?

Good ●

The service was effective. People's needs and choices were fully assessed. People were cared for by staff who knew and understood their needs. Staff had the knowledge and skills required to carry out their roles.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People's health was regularly monitored and they had access to a variety of external healthcare professionals and services.

Is the service caring?

Good ●

The service was caring. Staff were kind, attentive and knew people well.

People were actively involved in making decisions about their care and how they spent their day.

Staff treated people with dignity and respect and supported people to be as independent as they wanted to be. Staff provided any support required with people's cultural, religious or

sexual preferences.

Is the service responsive?

Good ●

The service was responsive. People were involved in their care planning and were able to contribute to the planning of their care and support.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well led. The provider and registered manager were actively involved in the care and support provided. They promoted an open and transparent culture at the service with an emphasis on learning and improvement.

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

People were able to give their views about how the service was run and their views were listened to.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Serenity UK Limited

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 comprehensive inspection took place on 15 and 17 May 2018. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people using the service and observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the provider, the registered manager and two staff members. We looked at records which included three care plans, three staff files, medicine records and other records relating to the management of the service.

After our inspection we spoke with one relative and one staff member. The registered manager sent us additional information concerning staff meetings, service user meetings, duty rotas, training and quality checks.

Is the service safe?

Our findings

People we spoke with told us they were happy living at Serenity UK Care Ltd. One person told us, "I'm ok...I like it here a lot" and another person smiled, nodded and told us, "I am very well, thank you." We spent time observing people and noted they approached staff without hesitation and were comfortable in staff's company. One relative told us how happy they were with the care and support their family member received and how their family member's wellbeing had improved while living at the service.

Staff told us and records showed they had received appropriate training with regards to safeguarding and protecting people. Staff knew the type of abuse they should look out for and report to the registered manager or the other members of the management team. Information for staff on how to report safeguarding concerns was displayed in the office. Guidance on reporting whistleblowing concerns was in place so staff were able to report any worries they may have in confidence. We saw records to confirm both whistleblowing and safeguarding people were discussed during staff meetings. People were involved in decisions about their safety. Each person had a card in their room with contact numbers of staff, their family members and their care coordinators so they could choose who they wished to speak to if they had any worries or concerns. People were involved in regular discussions about safeguarding themselves against danger, harm and abuse during regular service user meetings and monthly one to one key worker meetings.

Staff knew how to support people with the risk they may face both at the service and in the community. For example, staff described situations where additional support was required for some people while crossing the road or when helping in the kitchen. Staff actively supported people to have as much choice and control over the risks they may face to help support people's independence while still reducing the risk of injury and harm. Active strategies helped guide staff when people became anxious or upset. For example, when one person may become worried, staff used guidance to help them identify the situations and signs to look for and the distraction techniques they could use to help calm the person so they were less anxious. When people displayed behaviour that challenged others the service looked for triggers and patterns to help identify and understand the cause of behaviour so staff were in a better position to support people and de-escalate situations when people became upset.

There were arrangements in place for reviewing and investigating accidents and incidents at the service. When things had gone wrong improvements were made and risk assessments were put in place to reduce the risk of future incidents. We saw one example when one person had fallen and the action taken by the service to reduce future risk of harm to the person.

We observed sufficient numbers of staff on duty to keep people safe. Staff told us they thought there was enough staff on duty and the team work was good. The provider explained staff numbers were flexible to meet people's needs and choices. For example, if one person wanted to go out for the day but others chose to remain at home staff would be allocated accordingly.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these

individuals. This included an up to date criminal records checks, at least two satisfactory references, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and if necessary, proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Only those staff trained in the safe handling of medicines were able to administer people's medicines. We saw the procedures in place for ordering, storing, administering and recording of medicines. There was guidance to staff about PRN or as required medicine and this gave guidelines to staff on when these medicines should be given and why. We found no recording errors on any of the medicine administration record sheets we looked at. Audits of records and stock control were carried out regularly by staff and the registered manager to ensure people had received the medicine they needed at the time they needed them. On the first day of our inspection we found one person's medicine was given in the evening however the time of administration was not clear on the prescription details. We discussed our concern with the registered manager and on the second day of our inspection we found the pharmacy had been contacted and the prescription revised to specify a time for the medicine to be administered.

Regular environmental and health and safety checks took place to ensure people were safe. There were certificates to confirm the service complied with gas and electrical safety standards. Water temperatures were monitored to ensure people were not at risk of scalding. Appropriate measures were in place to protect people from the risk of fire. The building was well maintained. The provider explained they planned to increase the occupancy of the service and future work was scheduled to extend the kitchen area to cater for additional people using the service.

We found the service was clean and free from malodours. Cleaning schedules were in place and policies and procedures available for staff to follow. Personal protective equipment such as aprons and gloves were readily available when needed and staff had received training in infection control and food hygiene. However, we noted the washing machine for the service was located in the kitchen area and we were concerned about the risk of contamination from dirty laundry. The registered manager assured us they had a clear process in place for the flow of dirty to clean laundry to reduce the risk of infection. After the inspection we sent further guidance to the provider to help them meet the best practice in this area.

We recommend the service consider the current guidance on decontamination of linen for health and social care.

Is the service effective?

Our findings

People's needs and choices were effectively assessed to identify the support they required. When new people joined the service staff made sure they made the transition as smooth as they were able. During our inspection the registered manager spoke about the assessment pack they were using for people wishing to move to the service. We saw the assessment was comprehensive and identified the needs and support required. It identified any additional training required by staff to support the person and addressed their compatibility with people already living at the service. The registered manager explained it was important to consider the views of people already living at the service and they would encourage any perspective person to visit and have the opportunity to meet with other people at the service if they wanted to. The service continually assessed people's needs and these fed into people's person centred care records and detailed the support people needed with their everyday living. Assessments covered people's physical, mental health and social preferences to help the service to meet their needs. People's choices and preferences had been identified and care records gave guidance to staff on achieving the best outcomes for people.

Staff had the skills, knowledge and experience to deliver effective care and support. Records were kept of the training undertaken by staff and these were monitored by the provider. The registered manager used this system to ensure all staff had completed their mandatory training. The provider explained staff completed the Care Certificate (a set of recognised standards) as part of their induction and further training was arranged to help staff support people and meet their assessed needs. They explained how they actively encouraged staff to complete their Qualifications and Credit Framework (QCF) level 3 to level 5 and would support staff with their learning. Staff told us they felt supported to do their jobs and received regular supervision. Supervision records were detailed and included discussions about people using the service, day to day issues in the home and personal development needs.

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

People can only be deprived of their liberty 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 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.

Policies and guidance were available to staff about the legislation and staff had received training concerning MCA and DoLS. Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff understood people's individual communication needs and how they expressed themselves. The registered manager explained all of the people using the service had the capacity to make everyday decisions and no one was being deprived of their liberty. On the first day of our inspection

we saw people did not have mental capacity assessments in place. We were concerned because one person's capacity could fluctuate depending on their mental health and it was important for staff to identify when this happened so any decisions made were in line with the MCA. We discussed our concerns with the registered manager and on the second day of our inspection we noted assessments had been put into place.

People were supported to access sufficient food and fluids. Staff told us people made choices about the meals they enjoyed. One person told us they were about to go to the shop to choose their lunch, and another person told us about their favourite food. Staff had a good knowledge of people's likes and dislikes and confirmed no one had any specific dietary needs. People's likes and dislikes were recorded in their care records and people had completed questionnaires about their meals. Staff encouraged people to make healthy meal choices but told us they would respect people's wishes and make sure people had access to the food they enjoyed. Staff told us some people enjoyed being involved with the preparation of their meals. For example, one person liked to cook Sunday lunch for everyone. We observed people were encouraged to make their own drinks and meals such as sandwiches for lunch. People's nutritional needs and weight were regularly monitored.

People were supported to have access to healthcare services and received ongoing healthcare support. Care records identified people's health needs, the treatment required and when. Appointments with healthcare professionals such as doctors, dentists and psychiatrists were listed with details of the advice given on the day and any follow up action required. Staff gave people information about their care and support options and took time to help people understand the treatment they needed. We saw the service was in the process of putting hospital passports in place. These contained important information about the person, their health history and preferences that can be passed quickly to health care staff if the person is admitted to hospital.

The service was situated over three floors accessible by stairs. There was a small rear garden with seating areas for relaxing and two lounges that allowed for people to have their own space or private area if they wished. People were involved in decisions about the environment. The provider told us "Everything that is done here is done for the service users, if they don't like something we change it." The provider gave us examples where people had been involved in decisions about the service, such as moving the furniture around to their liking and having artificial turf fitted in the garden following people's request that they would like grass to sit on. People's bedrooms were personalised with their belongings and were decorated according to their choice. The service used technology to help people make choices and encourage their independence. People had access to a tablet and a laptop when they wanted to use them. For example, one person enjoyed looking for new activities they could try while another person liked to check their travel arrangements on line.

Is the service caring?

Our findings

People told us they were happy living at Serenity UK Care Ltd, they told us, "I like it here a lot... I feel at home" and "I'm happy." A relative told us, "The staff are really nice... [My family member] is the best they have been in a long time." Health care professionals feedback following a recent survey was positive One healthcare professional said, "Great personal service... The service is very interested in the service users' needs and interests and improving their quality of life. They are doing a great job at doing this."

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. Throughout our inspection we observed people chatting with staff, this was relaxed and comfortable. People were able to speak with staff in private if they wished and we saw some good examples of staff offering the time and space for people to tell them about their day, what was on their mind or if anything were troubling them. When people became upset or unhappy staff were attentive and reassuring, giving people the support they needed.

People were supported to express their views and be actively involved in making decisions about their care. Regular service user meetings and monthly one to one keyworker meetings gave people the opportunity to share their views. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. People were involved in their care and support plans and were able to have copies of their person centred plan in their rooms if they wished to. The provider explained they were actively looking at ways to engage people further in their care and support plans and encouraged people to add photographs, pictures and comments to their records if they wanted to.

Staff encouraged people to maintain relationships with family, friends and people who were important to them. One person told us about a visit from their relative and what they did together. We saw people using mobile phones and text messages to contact their loved ones and a relative told us how they never felt restricted visiting their family member. Care records gave details about the special relationships people had and how staff could support people to maintain these. The service had access to and used advocates when required. An advocate is a person who is independent of the service and helps people to express their views or speaks on their behalf.

Staff knew people well, they were able to explain people's likes and dislikes, their goals and achievements. Staff had a good knowledge of issues and varying support needs of people living at the service and talked about people with care and compassion. One staff member told us, "It [care] has to be about them, everyone is unique" and the registered manager said, "Giving [people] the care and seeing them move on independently gives me great satisfaction... it is rewarding, I love it."

People's right to privacy and to be treated with dignity was respected. One relative told us how impressed they were that the service respected people's wishes and maintained their privacy and dignity. We observed staff called people by their preferred names, knocked on people's doors before entering and were discrete

when assisting people with their personal needs. People's values and diversity were understood and respected by staff. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to gender, ethnicity, faith and sexual orientation.

Is the service responsive?

Our findings

People received care and support that was personalised to their individual needs and wishes. Care plans contained good detail for staff to follow, such as information on people's history, preferences, interests, goals and aspirations. Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book. This helped share and record any immediate changes to people's needs. People and their relatives were involved in the assessment and planning of their care through regular review meetings. During the inspection we observed the care and support delivered by staff was person centred based on each individual. People were encouraged to make choices and have as much control over their life as possible. Risks identified allowed people to have as much independence as possible while still remaining safe. During our inspection we observed that staff supported people in accordance with their care plans.

The service had policies in place for equality and diversity and religious and cultural needs, this helped raise staff awareness of people's diversity, faith and culture and understand the impact it may have on everyday life. People had details of major festivals they liked to celebrate in their care plans.

People were supported to follow their interests and hobbies and during our inspection we observed people preparing for activities, going to the shops or out for a walk. One person told us how they would like to try riding a bicycle and horse riding and staff told us of trips to the shops with the person to find a bicycle they liked. People were encouraged to attend day centres and collages and we heard how people celebrated birthdays with families and friends. On the first day of our inspection we saw the service had organised a "curry and a chat", the next day, for mental health awareness week. We returned to the service the day afterwards and saw photographs taken during the day of people talking with family and friends. The provider had invited healthcare professionals and local councillors to help encourage community involvement and told us they felt the day had been a great success.

People were supported to take part in community activities that were important to them. Staff explained how one person was upset by the tragedy at Grenfell Tower and decided they wanted to help. We saw photographs of the day the person spent helping other volunteers to sort through clothing and gifts that had been donated for those people involved. Staff told us the day really helped the person feel they had made a positive contribution to the community. We were also told of a day spent weeding at the lavender fields, trips to the seaside and planned holidays for the future.

People were supported to make decisions about their preferences for end of life care. The provider and registered manager explained they had started to work with a local Hospice to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Is the service well-led?

Our findings

This was the first inspection of the service. We spoke with one relative who told us they had met the registered manager and were confident the service was well run. They said, "[The registered manager] is really, really lovely." The provider and the registered manager were both visible and on hand to help and assist people. They knew people well and we observed people were comfortable approaching them, asking questions and engaging in conversation.

The registered manager and the provider were both actively involved in people's care. They spoke about the work they had done introducing their vision and values to staff to improve the outcomes of people using the service. The provider told us how they had worked hard to develop an open, positive, welcoming culture at the service where staff and people feel they can be open and honest. They told us, "It really does start at the top and the [registered manager] is our role model."

People were asked about their views and experiences and this information was used to help improve the service for them. Monthly service user meetings and key worker meetings asked people if they were happy living at the service and gave people the opportunity to comment on any issues that was important for them. For example, food choices and new activities to try. People were asked if they were happy and were encouraged to raise concerns or make complaints if there were issues that were upsetting them.

The provider explained how lots of open group discussions had helped share ideas and to improve the service, they told us, "Everyone that works here gives us feedback and ideas...we are all here to work to make things better." Staff told us they felt supported by the registered manager and provider and were confident about raising issues and concerns and being listened to.

Regular staff meetings helped shared learning and best practice so staff understood what was expected of them. Minutes included details of people's general well-being and guidance to staff for the day to day running of the service including health and safety issues, incidents and safeguarding and any suggestions for improvements. Staff also used a communication book, shift handover and daily notes to keep informed about any changes to people's well-being or other important events.

The service worked in partnership with other agency's including the local authority, safeguarding teams and multi-disciplinary teams. The provider explained how they were working with the local hospice to give staff the skills they needed in end of life care.

There were arrangements in place for checking the quality of care and support people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. The provider also carried out regular reviews of the service including checks on care records, risk assessments, medicines, staff files, supervision and training. This helped to ensure that people were safe and appropriate care was being provided.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare.