

Serenity Homecare Limited

Serenity - Birmingham

Inspection report

Quayside Tower
252-260 Broad Street
Birmingham
West Midlands
B1 2HF

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Tel: 01216982118

Website: www.serenityhomecare.co.uk

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

The inspection took place on 21 June 2017 and was announced. The service is a domiciliary care service that provides personal care to people. At the time of our inspection, there were 61 people using the service. There was a registered manager in place. 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 our last inspection in May 2016 we found that the service was not meeting all of the regulations. At this inspection we found that issues had been addressed and the regulations were met.

People were protected from the risk of potential abuse and told us they felt safe when the staff visited. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

We found the service employed enough staff to meet the needs of the people being supported. The support provided was usually from a consistent group of staff who had been safely recruited. People who used the service told us they had not experienced any missed calls and that calls were usually on time.

People who needed support with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there were regular checks to make sure this was done properly.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff were well supported and received regular supervision.

People were involved in deciding how they wanted their care to be delivered and were supported in line with the Mental Capacity Act 2005.

People said staff were caring and treated them with dignity and respect. People felt the care they had received met their needs. We found the information contained in the care records was individualised and clearly identified people's needs and preferences.

Staff had been encouraged to support people to make choices. People were supported when required by staff to prepare their meals and to eat and drink enough to maintain good health. People were supported to access healthcare support when necessary.

The registered provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. The registered provider had developed a complaints procedure. People said they felt confident to raise complaints and knew who to contact if they had any concerns.

People and relatives were encouraged to share their views and feedback on the service through regular care plan reviews, questionnaires and the complaints and compliments process.

There was effective leadership from the registered provider, registered manager and senior members of staff and processes were in place to monitor the quality of the service provided.

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 and relatives felt safe using the service. Staff were aware of safeguarding procedures and knew what action to take if they suspected people were at risk of harm.

Staff told us they felt there were enough staff to meet people's care needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs.

People's consent was sought before they were provided with care. People were encouraged to exercise their choices.

People were supported to receive appropriate health care and nutrition.

Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were regularly reviewed with people and

relatives. Care plans outlined how people would like to be supported.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

The service was well-led.

Systems to ensure people received a quality service were in place.

People and staff described the registered manager as approachable.

The registered manager had used feedback from our last inspection to improve the service. The registered manager and provider were committed to improving the service and have been responsive to feedback shared with them.

Good ●

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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 21 June 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 received feedback from the local authorities who monitor the quality of the service. We reviewed the information from commissioners, notifications and within the PIR to plan the areas we wanted to focus our inspection on.

Prior to our inspection we sent questionnaires to some people using the service. We received responses from 13 people. During our inspection, we spoke with 10 people who used the service and the relatives of six other people. We spoke with four care staff, a care co-ordinator, the deputy manager, the registered manager and the registered provider. We also reviewed four people's care records, four staff files and records maintained by the service about risk management, staffing, training and quality assurance.

Is the service safe?

Our findings

At the time of our last comprehensive inspection in May 2016 we found that the service was not consistently safe because people were not always protected by safe medication and staff recruitment procedures. This inspection found that these issues had been addressed.

All of the people we spoke with told us they felt safe using the service. One person told us, "Yes, I feel safe." Relatives we spoke with confirmed that the service was safe. Staff we spoke with could demonstrate that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. Staff told us they would report any concerns to their manager or office staff and felt assured these would be dealt with.

People had risk assessments and care plans in place to ensure they received appropriate care which helped to protect them from the risk of harm. These were updated regularly and were detailed, which gave staff the information they needed to carry out their role well. Staff spoken with were aware of risks to people. For one person who needed the use of a hoist to transfer their care records held at the provider's office did not fully detail the safe use of the sling. The registered manager told us this person was new to the service and this information was available for staff within records held at the person's home. Staff told us that the appropriate equipment was provided to support people's care and they were trained to use the equipment to ensure people received safe care. Staff told us that the policy was for two staff to use moving and handling equipment and that these policies were always adhered to.

We looked at the system in place to deal with emergencies. The service operated an out of hours on-call system so that people or staff had access to advice and assistance when the office was closed. Staff told us that they had not had any difficulties in getting assistance in an emergency. Staff we spoke with described how they would respond appropriately to emergencies and incidents to keep people safe, records we sampled showed that staff had responded promptly to accidents. One person's relative told us, "My [relative] needed an ambulance and the carers stayed until it had arrived."

There were sufficient numbers of adequately trained staff to provide care and support. People who used the service told us they had not experienced any missed calls and that calls were usually on time. One person told us, "Their time-keeping is good. If late it is only a few minutes. They are much better than the other agency I was using." The staff we spoke with told us the service had enough staff to cover the number of calls people required. We saw that there were systems in place to deploy staff to a person's home if another staff member became unavailable.

At our inspection in May 2016 we identified some concerns in relation to staff recruitment practice. At this inspection we found that new staff were recruited safely. The staff we spoke with and recruitment records we looked at showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks, also known as police checks, were carried out for all the staff. The registered manager also requested references about the character and the suitability of prospective staff to work with the people who used the service. This helped to ensure that only suitable

people with the right skills were employed by the service.

The registered provider had recently taken on the care of a number of new people from another provider and staff had transferred over to Serenity. We saw that the registered provider had made sure they had all the relevant recruitment information about the transferring staff to help make sure that these staff members were suitable to work with people. The registered provider told us it was their intention to renew staff DBS checks to make sure there had been no changes to staff suitability to working with people.

We looked at how medicines were managed by the service. Some people we spoke with administered their own medicines or their family was responsible for giving their medicines. Some of the people using the service needed help with managing and taking their medicines. One person told us, "Carers help me open medication packets if needed."

Since our last inspection the registered manager had made improvements to the care plans in relation to information about prescribed medication and had updated the format for recording when medication had been administered. Information about the medicines prescribed to people was available in their care plan. Staff we spoke with confirmed they had received training in giving medicines and were aware of people's individual medicine guidance. Staff confirmed this training had been beneficial. For example staff knew that one person should avoid grapefruit juice due to possible interaction with a particular medicine. We sampled records of medicine administration and these indicated that medicines had been given as prescribed.

Is the service effective?

Our findings

People told us that they received the support they needed from staff. One person told us, "My carers do everything and they do over and above." Another person told us, "They do everything that is asked of them."

New staff completed a thorough induction process. Staff confirmed that they received an induction which included getting to know people's needs and shadowing more established staff before caring for people. One staff member told us, "Since I started I have done medication and food hygiene training and I am booked to do safeguarding training." Another member of staff told us, "The medication training has been really beneficial." They then went on to give us many examples of things they had learnt during this training. The registered manager told us that they related the content of the staff induction to the Care Certificate, which is a set of minimum care standards that new care staff must cover as part of their induction process.

Staff we spoke with told us they had enough training and felt supported in their roles. At our last inspection we identified that some staff needed additional safeguarding training. This had been arranged and in addition to the safeguard training received on induction, staff had been enrolled on an additional safeguarding course with an external training provider. The registered manager told us that additional refresher training for staff in moving and handling was planned.

We saw records that showed staff had supervision and all the staff we spoke with confirmed this. One staff member said, "I feel very supported, I can raise any concerns I have." Another member of staff told us, "At my previous company there were no rules, Serenity has good rules, they do things correctly." Records also showed that a system of annual staff appraisal was in place.

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. The registered manager and staff were able to provide details about the principles of the MCA and promoted the importance of people having a choice and receiving care that reflected their needs. People's daily care records indicated that staff regularly sought their consent and people we spoke with told us that staff supported them to make choices. Care plans provided instructions for staff to seek people's consent along with clear guidelines about which choices they could support people to make. Some care plans also directed staff to consult with chosen relatives or friends about decisions if people could not make these independently.

Some people told us that they prepared their own meals and drinks independently, or with the support of a relative. People who required this support from staff said they were happy with the assistance they received. One person told us, "They do my cereal and hot milk and make sure I have a cup of tea." Another person told us, "I have three meals a day and I am happy with that." Staff we spoke with knew people's specific needs and what people liked to eat and drink and these preferences were reflected in their care records. We saw that where staff had raised a concern about the lack of food provisions in a person's home, the registered

manager had liaised with the person's social worker to help ensure the person had adequate supplies of food available to them.

We looked at the support people received with their healthcare needs. Some of the people who received the service had family members involved who would arrange healthcare appointments if and when needed. We spoke to staff about some people's specific health conditions. They were aware of these and gave us examples of how they monitored people's well-being. Records showed that staff shared information about people's health needs with the registered manager and that this was promptly addressed with healthcare professionals as necessary.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. One person using the service told us, "The carers are very kind, they chat and they have a personal touch." Another person told us, "The carers are very good – they always ask me how I am and will chat with me." One person commented, "The staff are friendly and caring and I can have a laugh with them."

Staff we spoke with described the people they supported with enthusiasm and compassion. Staff told us they enjoyed supporting people and had built relationships with them after working with some of them for some time. People's daily notes reflected that staff spent time talking with people using the service and ensuring that they felt comfortable. A relative told us, "They do a wonderful job and always check [person's name] is okay and comfy."

We saw examples where staff had acted in a caring and compassionate way. In one example a person's washing machine had broken and they were unable to wash their clothes. Staff took the person's clothes home to wash so that they had clean ones until the purchase of a new machine was arranged by the provider. We were also shown examples of the registered provider arranging some activities for people. These were called 'Lets go' events. The registered provider told us it was their intention to provide special memories for people. For example one person had been supported to have a meal out and another person supported to have a drive in a sports car.

People regularly received care from a designated primary or secondary staff team so that their care was consistent and staff were known to the people they were supporting. People who used the service told us they were usually supported by regular staff and this had enabled them to develop positive relationships with them. One person said, "I like the continuity this gives." Another person told us, "I have a regular team who are lovely – they are very nice and very good to me."

Staff we spoke with could explain people's specific needs and how they liked to be supported. It was clear that staff knew the needs and wishes of the people they supported well. A member of staff told us about one person who was living with dementia. They told us they always made sure that a specific chat show was not on the television as the raised voices on the show caused the person distress.

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, "I am 100% happy. They are 100% kind and respectful." Another person told us, "Staff treat service users with care, dignity and always make you feel at ease." Staff could explain how they would ensure that all personal care was conducted with as much privacy and respect as possible. When discussing people the service supported, we noted that staff always spoke respectfully and kindly about the people they supported. During our discussions with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people and staff documented when a person had carried out a task independently.

Is the service responsive?

Our findings

People told us they were satisfied with the care they received and several people told us they would recommend the service to other people. One person's relative told us, "Serenity were a big help getting my family member back on the road to recovery. They were fabulous. They were always on time and there were no problems."

People were aware of their care plan, some people told us they had been involved in developing their care plan but some people could not remember if they had been involved. Care records we saw were person-centred and contained information about people's personal preferences and routines. People's care plans included the desired outcomes of providing their care and featured person-centred details and instructions for staff. We saw the registered manager had a system in place that identified when people had a review and when their next review was due. This helped to ensure people's care needs were regularly assessed and met their current needs.

Care plans we reviewed featured some details of people's personal histories and interests, as well as their needs and abilities. People received information outlining their visit schedule and identifying the staff that would be visiting to support them.

People told us that staff would listen to their concerns if they had any. There was a complaints process in place and people and relatives we spoke with told us they also knew how to complain if they needed to. One person told us, "I have had to speak to the company about the new carer but they have responded. It is a lovely company." Another person told us, "I had to contact management once. They listened and the problem was solved."

We saw that the registered provider kept a record of complaints that had been received and the actions they had taken to respond to these. We found that the registered provider acted on complaints and concerns received and people could be confident their complaints would be taken seriously.

Is the service well-led?

Our findings

There were many systems in place for monitoring the quality and safety of service provided. For example there was regular monitoring of medication records. The provider also had an electronic care management and monitoring system that used mobile telephones to monitor a range of quality indicators including visit punctuality, tasks to be undertaken, and to monitor if staff supported people for the right duration of time. Since the recent expansion of the service, some of the registered provider's usual system of checks to ensure quality had not yet been completed. The provider had systems of spot checks to ensure to make sure staff were working to the standards expected by the registered manager and the provider. As the service expanded, newly recruited staff worked alongside existing staff. We saw that a schedule of planned spot checks had been completed to ensure that all staff would receive a spot check.

The number of people using the service had increased as the provider had taken on their care package from an existing provider. The provider had worked effectively with other agencies to ensure people transferring to the service received a smooth transition. We asked how the provider had checked to make sure people and their relatives were satisfied with the initial care they had received. The registered manager and a member of staff told us that telephone calls had been made soon after the service commenced to check people were satisfied but they accepted that a formal record of this should have been made so that there was a record of people's satisfaction. However, the provider was able to evidence that formal quality monitoring to seek people's views had taken place several weeks after the service commenced.

All the people and relatives we spoke with were happy to be supported by the service and pleased with how it was managed. One person told us, "The management phone up occasionally and sometimes come out to see if everything is alright. They listen to any concerns and are responsive." Another person told us, "I have had a telephone call from the office staff to check that I am happy with the service." A relative told us, "The management would ring regularly – they were very accessible. I would go back to them if the need arose."

There were systems in place so that people and their relatives were involved in care planning and had the opportunity to share feedback about the service. Annual surveys were sent out and were analysed and reported on. Sampled surveys indicated people were satisfied with the service. Since the last inspection the provider had appointed a 'Health and Well-being Officer.' We were told that their role was to visit people in their own home to check they were receiving the care and support they needed. We saw that a number of visits had taken place and these confirmed people were happy with their care.

The provider and the registered manager held a weekly meeting with office staff where they reviewed the service. This included discussions about call times, spot checks, supervisions, and any complaints. The registered manager told us that few accidents and incidents occurred. We saw that although there was a system in place to record these, there was not a system in place to ensure that any patterns or trends would be identified. Following our visit to the agency office we were sent evidence to show that a system to ensure patterns and trends could be identified had been developed and we were told this would now be implemented.

Staff told us that they felt the service was well managed. The registered manager was well liked by everyone we spoke with, and seen as approachable and caring. Staff told us that there was always support available to them by telephone both day and night and they were encouraged to call into the office if ever they needed to discuss any concerns.

During our inspection visit and discussions with the provider and registered manager we identified that they understood their responsibilities. At our last inspection we had identified an issue where the provider and registered manager had not responded in a timely way to a safeguarding investigation. At this inspection we found this had improved. Notifications of incidents had been sent to us and our discussions showed that the provider and registered manager had taken appropriate actions where safeguarding concerns had been identified. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place. The registered manager told us they had kept up to date with new developments, requirements and regulations in the care sector by accessing the internet and attending relevant training events. The registered manager had ensured that the current rating of the service was on display in the agency office and on their website. This is required by law, but also demonstrates transparency and an open culture.