

Serene Residential Care Limited

# Serene Residential Care Limited

## Inspection report

14 Quarry Road  
Dewsbury  
WF13 2RZ

Tel: 01924923190

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Serene Residential Home is registered to provide accommodation for up to 35 people aged 65 and over who require personal care, some of whom live with dementia. At the time of our inspection there were 13 people living at the home.

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

The service had significantly improved since the last inspection. People, their families, staff, stakeholders and health professionals all recognised the improvements. Feedback was positive about the care and support people received.

The premises were clean and there was improved infection control practice consistently in place. All individual risks for each person had been reviewed and were understood by staff. Care plans and risk assessments had been updated and there were clear systems to communicate new risks to staff. Where we saw one potential hazard, this was addressed immediately. Records were up to date and senior care staff had been given time to check and update these throughout the day. Work was in progress to further enhance care plans with personalised information about people's individual needs and wishes.

There was significant improvement in people's dietary needs and risks. The cook worked with people and families, menus had been updated and there was clear risk information around modified diets, thickeners, choke risks and diabetes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staffing levels supported people's needs well. An activities coordinator was in post and people were engaged in a wide range of activities as well as having individual time in conversation. Recruitment processes were robust, staff induction, supervision and training was updated. The provider had strengthened the management team, with the appointment of an operations director to complement the registered manager's skills and abilities. New governance systems were put in place as well as robust checks for health and safety, staff practice and overview of risk. Audits were regular and thorough and a resident risk meeting was held weekly, with an overview of all risks updated and shared with staff. Records had vastly improved and were still being updated with person-centred language and involvement from families and people who used the service. The environment had been refurbished and there was a wide range of resources and activity areas, as well as private visiting space and relatives' lounges for social visits. Signage was clear and rooms were very personalised with people's belongings and photographs.

There was clear evidence to show the service had worked hard to address the breaches found at the last inspection and was continuing to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate and there were multiple breaches of regulation (published 25 November 2021). The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

This service has been in Special Measures since November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe 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** ●

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Serene Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

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

#### Notice of inspection

This inspection was unannounced. We visited the service on the 23 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority partners, including quality monitoring teams who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with three people who used the service and two visiting relatives, to seek their feedback about the service provided. We spoke with three members of staff, the operations director, the cook and activity staff.

We reviewed a range of records. These included the care records for two people, two staff recruitment files, audits and monitoring systems and health and safety checks. We also looked at the management and administration of people's prescribed medicines.

#### After the inspection

We contacted three people's relatives by telephone and continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to people's welfare, health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- All risks for each person had been reviewed. Care plans and risk assessments had been updated and there were clear systems to communicate new and existing risks to staff on a regular basis.
- Staff knew people's individual risks and demonstrated how they provided safe care in line with people's individual needs, such as for people with diabetes or those at risk of falls. We identified one potential hazard with a person's bed rail and this was immediately addressed.
- Moving and handling practice was safe and staff were confident to demonstrate the practical training they had done.
- People had up to date and detailed personal emergency evacuation plans (PEEPs) in the event of an emergency and the provider had addressed the fire officer's recommendations.
- There was significant improvement in people's dietary needs and risks. The cook worked with people and families, menus had been updated and there was updated and clear risk information around modified diets, thickeners, choke risks and diabetes.
- People told us they felt safe and relatives said the service provided safe care. One relative said, "I feel [my relative] is safe at Serene. I can leave them knowing they're in safe hands."

### Using medicines safely

At our last inspection, the provider had failed to robustly record medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Staff involved in the handling of medicines had received appropriate training and they were assessed as competent to support people with their medicines.

- Medicines were robustly stored, recorded and disposed of, with records clearly maintained. Regular temperature checks of medicines storage areas were carried out.
- Staff were sensitive to people's need for medicines as required, such as for pain relief and they knew how each person expressed signs of pain.
- Relatives told us people had the right support for medicine, particularly when it was needed at a certain time for their health condition.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were confident to identify the signs of abuse or neglect, and knew the procedures to follow.
- Where accidents and incidents identified opportunities for learning, these were discussed in the staff team.
- The provider had used the experience of their previous inspection to learn from what had gone wrong, and to develop systems and processes to minimise the chance for mistakes to be repeated.

### Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff with the right skills to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to ensure the robust recruitment of staff. This was a breach of regulation 19 (Recruitment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 18 and 19

- Staff told us there were plenty of them to support people and they felt confident in their skills since training had improved. Training information showed staff learned essential information to care for people safely; some training was interactive and staff said they enjoyed this because they learned together.
- Relatives told us staff were capable and competent. One relative said, "They certainly know what they're doing. I trust them completely. I am happy [my relative] has professional care."
- An activities coordinator was in post and people were engaged in a wide range of activities as well as having one to one time in conversation and personal interaction.
- There were enough staff to meet people's needs well. People and relatives told us there were always enough staff. One person said, "The [staff] are always near me even when they're busy, I can usually see at least one of them." One relative said, "They are lovely staff, there's always someone to ask if I have any questions."
- Recruitment procedures had been revised and all staff files thoroughly reviewed. A checklist of background checks and clear filing of staff interviews, references and DBS checks demonstrated robust systems were in place to ensure staff suitability. Induction, supervision and appraisal meetings were clear and recorded well.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure safe infection prevention and control measures. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- IPC information was updated for staff and practice was in line with guidelines.
- Staff were consistent in their wearing of PPE and hand hygiene.
- The home was very clean and well maintained, with no malodours.
- Very good communication was in place to remind staff of expected standards, to prevent the spread of infection.

# 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 now changed to requires improvement. This meant that although significant improvements had been made since the last inspection, further time was required to ensure that new systems were fully embedded, and make sure improved practice was sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care  
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate good governance. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, these improvements needed to be sustained over a longer period.

- The management and staff team had worked incredibly hard to address the concerns identified at the last inspection. There was clarity in the roles and responsibilities within the full staff team and a greater understanding of how to identify and assess risks to individuals and the service as a whole.
- Significant improvements had been made with the appointment of an operations director to anchor consistent, knowledgeable support to the registered manager.
- New governance systems were put in place and robust checks for health and safety, staff practice and overview of risk. Audits were regular and thorough and a resident risk meeting was held weekly, with an overview of all risks updated weekly in line with this and discussed with staff.
- Care records had significantly improved and were still being updated with person-centred language and involvement from families and people who used the service. ● The environment had been refurbished and there was a wide range of resources and activity areas, as well as private visiting space and relatives lounges for social visits. Signage was clear and rooms were very personalised with people's belongings and photographs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team understood the duty of candour, to be open and honest when things went wrong. For example, the outcome of the last inspection was immediately communicated to relatives, and regular updates given about improvements. One relative told us, "They've been completely honest with us from the start; they let us know the home was inadequate and they've kept us up to date with what they're doing to

put things right. They have definitely improved."

- The registered manager understood the need to submit notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to CQC as required. Relatives told us if there was an accident or incident involving their family member they were always informed without delay.
- Since the last inspection, the registered manager has been open and transparent in their communication with us. They accepted and addressed the shortfalls identified at the last inspection and any feedback received from local authority partners. They were keen to ensure processes were in place so people received safe care.
- The management team were committed to working with partners such as CQC and the local authority. They had engaged well in regular meetings with health and social care professionals to help drive improvements in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure people were supported to follow their interests and take part in activities which were socially and culturally meaningful to them. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There was a newly appointed activities coordinator who had begun to establish a rapport with people and their families, and was finding out information with which to engage them in meaningful activities of their choice. People were happily involved in activities within groups or individually.
- People were well dressed and looked smart and it was evident staff had taken time to support them with their appearance. One person admired the clothes they wore and said they loved wearing things to match. The operations director told us time had been spent helping people to organise their wardrobes by items which went well together, such as colours, to enable people to choose what they wanted to wear each day.
- People and their families felt involved and included in how the home was managed. Relatives were confident in the communication offered by the management team and staff and they knew the registered manager. One relative said, "[Manager's name] always asks how we are, really cares, I'm always offered a cup of tea and a chat." Another relative said the home kept them informed even when their relative did not want to speak with them. They told us, "I rang one day but [my relative] was so busy enjoying their birthday they didn't want to speak with me. The staff gave me a good update."
- One relative said the culture in the home ensured people have the best outcomes. They told us, "I hadn't been able to see [my relative] but when I did, I was amazed how well they looked. They had a face like a rosy apple which made me feel ten times happier." They told us they had not been able to visit as often as they wanted to, so staff had taken a photograph of their visit and framed it for them, "Now I can look at it every day."
- The management team were keen to continue working with partners such as CQC and the local authority. The home had been working collaboratively with the local authority and held regular 'service improvement meetings' with health and social care professionals to help with improving the service.
- Staff praised the way they were supported and valued to do their work, and for the strong leadership and teamwork. There was clear evidence to show the service had done enough to address the breaches found at the last inspection and was continuing to drive improvement with energy and enthusiasm.