

Serenity Care Solent Limited

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Inspection report

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Ratings

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

Overall summary

About the service

Serenity Care Solent Limited is a domiciliary care agency providing care to people in their own homes. The service is registered to support people who may be under or over 65 and who may be living with dementia, mental health conditions, physical disabilities or sensory impairments.

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. At the time of the inspection, the service was providing personal care to 27 people.

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

People and their relatives felt the service was safe. Staff were recruited safely. Risks to people were assessed and measures identified to manage risks. Staff received safeguarding training and the management team responded appropriately to any concerns identified. People's medicines were managed safely. The service had robust infection prevention and control measures in place.

People's needs were assessed thoroughly in collaboration with people and their relatives. Staff were very positive about the training available to them and people told us staff had the right skills and experience to support them. The service worked closely with commissioners and health professionals to meet people's needs. 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.

People and their relatives were consistently extremely positive about staff approach and told us they were at the centre of making decisions about their care. Staff spoke passionately about their work, promoted people's independence and respected their privacy. The service's policies and procedures supported this.

Staff knew people very well and people were able to communicate their preferences and choices. The service used a variety of tools and technology to support people's communication. People and their relatives were aware of how to make a complaint and the service welcomed and acted upon any feedback received. The service routinely discussed end of life care wishes with people and their relatives.

People, their relatives and staff spoke extremely positively about the culture of the service. The management team was proactive and approachable, maintaining good communication with people, their relatives, staff and professionals. There were robust quality assurance systems in place, which the management team used to continuously drive improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the time since registration of the service.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Serenity Care Solent Limited

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. 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 Care Act 2014.

Inspection team

The inspection was carried out 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2021 and ended on 06 October 2021. We visited the office location on 23 September 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included five people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We spoke with six people using the service and one relative. We sought feedback from one further relative. We spoke with four members of staff who were care workers and received feedback from a professional who regularly works with the service. We reviewed the service's policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "They're honest people and I feel very safe." A relative told us, "I know that I can rely on them and trust them [with my family member]."
- Staff received training in safeguarding and were confident about noticing and raising concerns. One member of staff said, "I... would report irregularities regarding finances, health, abuse." Staff were confident any concerns they raised would be promptly addressed by the management team.
- Safeguarding incidents had been appropriately identified and raised with the local authority. This meant they could be investigated, and action taken to keep people safe.

Assessing risk, safety monitoring and management

- People told us that they had been involved in discussions about risks and how to reduce them. One person told us, "I've fallen over two or three times, [regular care worker] knows about this and [they know] how to help, [they] just talk to me, make sure I take my time and don't rush."
- People had detailed risk assessments in place that considered risks to the person's health and well-being, risks associated with the environment and risks to care staff. One person told us, "My assessment covered all possible risks, it was very thorough." Another person said, "They even check the fire alarms and that my [medicines] are there." When required, advice was sought from professionals to inform people's risk assessments.
- Wherever possible, the service tried to make sure that people were supported by a consistent carer or team of carers. This meant staff knew people well and could monitor risks to people. One person told us, "The slightest bang and I bruise, they see it and ask me about it, they don't let anything go."
- Staff told us that the management team proactively checked for any changes to people's needs and acted promptly in response. One member of staff said, "I've just been to a [person] where there's been some changes and I've already got an e-mail that they've changed the care plans... I've seen they've already sent an e-mail out to all of us and they've even been out to see [the person]."

Staffing and recruitment

- People consistently told us that their care visits took place as planned. One person said, "They have let me know when they're running a little late but it's rare it happens, and they always stay the full time." A relative told us, "They've never let me down" and "they never rush [my family member], ever."
- Staff told us they had enough time to support people and get to know them. One member of staff said, "We always have enough travel time and enough time to be with people, I'm never rushed." Another member of staff told us, "I always... spend the right amount of time with each client... I do get to know people very well."

- The registered manager carried out appropriate recruitment checks to ensure that people were protected from being cared for by staff who were unsuitable. The registered manager told us they considered prospective staff members' attitudes and values as part of this process. Records showed in-depth interviews were carried out.
- The management team used an electronic care planning system. This meant they had oversight of their team and could identify any concerns promptly, such as if a care visit had not started or finished as expected.

Using medicines safely

- People's medicines were managed safely. One relative told us, "They're very thorough... they record everything... If they see that the [medicine] is getting low, they're onto it, they let us know immediately... they even noticed that the [topical medicine] was out of date and rang me."
- The service used an electronic medicines administration system for most people, as well as hand-written medicines administration records (MARs) for people receiving live-in care. People's medicines records included all relevant information to ensure care workers administered medicines at the correct time and dose.
- Staff had received training in administering medicines and the management team completed regular competency assessments and spot checks to ensure staff remained competent. One member of staff told us, "I'm monitored quite closely, about a couple of times a month they'll just turn up and say we just want to make sure you've got everything you need, have a look at your charts, make sure there's no problems".
- The management team completed daily checks and monthly medicines audits to identify any errors or concerns. These were investigated and appropriate action taken to minimise future risks. For example, the registered manager arranged additional training and spot checks when required.

Preventing and controlling infection

- People told us that staff followed appropriate infection prevent and control (IPC) processes. One person said staff wore all appropriate personal protective equipment (PPE) and told us, "I've seen them wipe everything down afterwards, they always wash their hands before they get my breakfast." Another person said, "They wear an apron, gloves and a mask, they're very good, wipe everything down as they should."
- Staff had received training in IPC and told us they had ample supplies of PPE. One member of staff told us, "We have paper towels, hand sanitiser and liquid soaps to take."
- IPC practice was considered as part of the management team's spot checks, whereby they regularly observed staff and assured themselves that staff remained competent.

Learning lessons when things go wrong

- The registered manager spoke of their commitment to keep learning and improving the service with feedback received from people, relatives, staff or professionals.
- The service used an electric system to record any events such as medicines errors, accidents, incidents or general health and safety concerns. There had been few safety related incidents; however, the registered manager reviewed any events that occurred to identify contributing factors and measures that could be implemented to minimise risks.
- The management team was in close daily communication with care workers, sharing updates about people's care or reminders about good practice guidance by e-mail, in supervision or as part of team meetings. Any learning from incidents was shared with individual staff involved as well as more generally with the wider care team.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives told us they had participated in a thorough assessment of their care needs prior to care starting. One person said, "It was two hours and the best assessment I've had." A relative told us, "We discuss my [family member's] needs. Everything that is discussed is recorded in [their] care plan, and carers follow the care plan. I have a copy of it at home. If anything changes, the care plan is updated."
- Care plans included information about what was important to people and any information care workers needed to meet people's needs in a way that met their preferences. A professional told us, "Care plans are detailed and reviewed regularly."
- The service used an electronic care planning system. People and their relatives were able to access the system through a mobile telephone application if they wished to, provided appropriate consent had been given. A relative told us, "With the app, I can see when they've been and what they've done."

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident carers had the right training and skills to support them. One person said, "All the ones I've had regularly are very skilled and competent, I have full confidence in them." Another person said, "They have all the skills they need", and a third person told us, "I'm confident they know what they're doing."
- The registered manager had oversight of staff training and induction. This enabled them to ensure all staff had undertaken appropriate training before starting to support people and that these skills were regularly refreshed.
- Staff spoke positively about the training and support available to them. One member of staff told us, "I had my three-day refresher training, it's face to face not just online and it's really good." New staff were supported to complete the Care Certificate, which is an agreed set of standards to ensure staff who have not previously worked in care develop the required knowledge, skills and behaviours expected of their job role.
- Staff received regular supervision, competency assessments and spot checks throughout, and following, their induction. These focused on ensuring staff were appropriately fulfilling their role and obligations, but also on supporting and nurturing staff.

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

- People and their relatives told us carers knew what they liked to eat or drink and that carers supported them well at mealtimes, always ensuring they had access to drinks. One person told us, "They take their time when they help me with my lunch, I never feel I've got to eat faster so they can go." Another person said, "I'd say they even know what my favourite meals are and what I avoid, and how to make a good cup of tea how I like it." A relative told us, "They will ask [person] what [they] want, they show [them] what it is, give [them] a

choice."

- People's care plans provided detailed information about any specific dietary needs and reflected people's preferences.
- At the time of the inspection, no one receiving support was at significant risk in relation to eating and drinking. However, the service had tools and systems in place to monitor risks if this was required, such as food and fluid charts. When used, they were regularly audited by the management team to ensure any changes or concerns were noted and advice sought from professionals as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that the service liaised well with other agencies or organisations whenever this was needed. For example, one person who had experienced a discharge from hospital said, "The carers stayed in touch and it was all very smooth, they came as usual once I was back." A relative told us, "There was an occasion when both [my family member] and I were feeling unwell and I needed someone to go to the pharmacy instead of me. The agency sorted everything out."
- The service worked closely with commissioners and health professionals to meet people's needs. For example, staff told us the management team contacted commissioners promptly to increase the length of care visits if people required additional support. A professional told us, "When you send a referral to them you know you will get a timely and prompt response... none of our clients have ever complained about their carers, they are reported to be professional, gentle and never in a rush."
- People told us that staff carefully monitored their well-being and health. One person told us, "A couple of times they've suggested I see a doctor", and a relative said, "They always notice if [person] is unwell or something is wrong, they have called the doctor before and let us know straight away." Another relative told us, "They are always attentive to how my [family member] is feeling. They report to me and their office about my [family member's] state and update the care notes."

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.

- Wherever possible, the service obtained consent from people before starting care provision. If a person was unable to consent themselves, the management team followed the legal framework to make a best interest decision or obtain consent from any representatives with the appropriate legal authority.
- The registered manager had a good understanding of the different forms of legal authority. As part of people's initial assessments, they recorded and checked details provided to ensure that these were valid and relevant. For example, records showed clearly whether a representative had the authority to make decisions about finances, health and welfare decisions, or both.
- When required, the service completed mental capacity assessments and made best interest decisions in line with the legal framework. Throughout this process, the service liaised closely with professionals such as GPs, social workers and mental health professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke extremely positively about how they were treated by staff. One person said, "They are open to any comment, the fact they listen to me is respectful... they're more like friends I think, it's very special." Other comments from people included, "Brilliant and very caring", "Excellent... so caring and patient" and, "We chat all the time when they're here, they've seen family photos, asked me about my life, they seem genuinely interested".
- People's relatives were also very positive about how their family members were treated. One relative said, "All the staff are always polite and positive. I can feel that they genuinely love my [family member] as well". Another relative told us, "They have a laugh and a chat... some of them look at [my family member's] photo book with [them].. they really show an interest and they really care."
- The management team considered communication and staff approach as part of spot checks and supervisions, as well as care reviews. Records showed that people were routinely asked for feedback about care workers to ensure they had opportunities to share their views and that any issues identified could be addressed quickly.
- The service had a variety of policies and procedures in place in relation to equality, diversity dignity and customer choice. These ensured staff knew what was expected of them in their role and how the management team would respond to any concerns about staff practice.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were always fully involved in their care. One person told us, "They always ask me what I want when they arrive, I tell them and what order of things." Another person said, "None of them assume anything."
- People told us their carers took a genuine interest in them and their lives and had gotten to know them. For example, one person said, "They are all lovely and so kind, they have bothered to talk to me, take an interest... they know how hot I like the water... they listen and just enjoy their job." Another person said, "They listen so they know, even down to the tiniest thing like my favourite soap."
- Staff expressed enjoying their job and spoke passionately about supporting people in a person-centred way. One member of staff said, "I have a very good rapport with a person... which has allowed me a great understanding of how [they] like [their] care... which I have fed back to the office so everyone gives [them] the same quality of care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to be as independent as possible and respected their privacy. One

person said, "I'm very independent, I like to do as much as possible as I can... they respect that." Another person said they encouraged their independence "by behaving exactly as I want when they're here, they never do anything unless they've asked me first... they ask where on my body I need help, then they step back while I get on with things."

- Care plans detailed the support people required and what they were able to do themselves, however, they also prompted staff to assess the situation each day in communication with the person. One relative told us, "They listen to [my family member] if [they don't] want a shower for instance, they don't insist or put pressure on [them]."

- Staff were respectful of people and understood that people's wishes and preferences could change. One member of staff said, "Every individual has the right of choice with their care... I would point out the benefits of carrying out the activities, but the choice is theirs, I would respect their choice and any problems would be notified to the office."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service undertook a thorough initial assessment, which people and their relatives were fully involved in. One person told us, "I certainly had my say, [registered manager] asked me so many things and took her time, I told her what I felt I needed, she made suggestions, things I hadn't thought of".
- People were involved in their day to day care as much as they wanted to be. One person said, "At first they asked all the time... now it's okay to just get on with it, they know I'll tell them if I want anything different... they will always tell me what they're doing though."
- The service continued to review people's care regularly and responded promptly to feedback. One relative said, "If anything changes... someone comes 'round the next day with an updated copy [of the care plan] and puts it in the folder, it's very thorough."
- People told us that their preferences were accommodated wherever possible. One relative said, "There were occasions when the time of calls needed to be changed due to family circumstances, and the agency accommodated different convenient visits for us."
- People told us that their carers knew them very well, including information such as their preferred routines. One person said, "They know how I like the water in the shower, they've got to know where to put things around the place." Another person said, "Even the new [carers] have read up all the notes and know about me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team considered people's communication needs as part of care planning and, where required, used tools or technology to ensure people could effectively communicate with staff. One relative told us, "Despite the... barrier, the carers manage to communicate with my [family member] using questions/answers cards, [a mobile phone application] and body language. I don't have to get involved during the visits at all if I am at home. My [family member] loves them a lot and can't praise them enough."

Improving care quality in response to complaints or concerns

- No one we spoke with had had cause for a complaint. However, people and relatives told us they knew how to raise concerns should they have any. One person said, "I'd be confident to say something if I had to." Another person told us they could not imagine it would ever come to a complaint, because informal feedback was listened to and acted on immediately.

- Records showed there had been only very few complaints. These had been investigated in line with the service's policies and procedures and appropriate action had been taken in response.

End of life care and support

- As part of each person's initial assessment, there was a discussion about any end of life considerations or wishes the person may have. Whilst some people did not wish to discuss this or had no particular wishes, conversations about end of life were routinely held by the management team.
- At the time of the inspection, the service was not supporting anyone at the end of their life. However, we saw a number of compliments the service had received from relatives about the care of their loved ones and family at this stage of life.
- The registered manager spoke passionately about end of life care and the importance of being responsive to rapid changes that could occur. The management team and staff considered care plans to be 'living documents' that could be quickly adapted in discussion with the person, their representatives and other professionals involved in their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People, relatives and staff consistently spoke very positively about the culture of the service and told us they would, or had, recommended the service to others based on their experiences. One person said, "Their personalities, they're so nice and kind... all of them from the manager through to the carers", and a relative told us, "All the carers in the agency are really kind and loving people."
- Staff spoke extremely positively about their work and told us they felt very well supported. One member of staff said, "I feel more supported with this company than I ever have." Another member of staff told us, "I've had some personal things... and [registered manager]'s just very, very supportive. You know, she checks on you, that you're not overworked and gives [staff] options." Other comments included, "[Registered manager] really is... a lovely, lovely person" and, "It's all very professional... but also relaxed, you've got to do your job but I'd say there's a high level of support for the staff."
- There had not been any events that had required the service to act on the duty of candour; however, the registered manager told us that honesty and transparency was an important value that they sought to implement in the day to day running of the service. The service's policies and procedures supported this.

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

- People and their relatives knew the management team well and told us they were approachable and responsive. One relative told us, "I have [registered manager's] e-mail and both their numbers and can write or even text them anytime I need. I find them both very approachable and genuinely kind people. They always help me and advise if anything needs changing." Another relative said, "They're effective and respond to everything... I'd say their communication is excellent."
- The management team had robust systems in place to monitor the quality of the service. They completed regular audits of care plans, medicines administration records and staff files, including induction records. Unannounced spot checks were completed regularly and increased if it was identified that staff required additional support. Records were thorough, detailing the management team's observations and discussions with staff.
- The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of certain events such as safeguarding incidents. Records showed that notifications had been appropriately completed.

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

- We received exceptionally positive feedback from people and relatives about the registered manager and management team. One person said the registered manager was "Charming and so helpful, she's absolutely approachable." Another person said, "Very easy to talk to and she listens, she's very approachable and helpful." A third person told us, "She definitely listens, because she has got it spot on what I need and how."
- Throughout the pandemic, the service had provided additional support to people when needed. This had included practical support, as well as gestures to promote people and staff's well-being and mood, such as surprising people with a cream tea. One person commented, "It was very special."
- Staff told us they felt valued by the management team and that they were routinely asked for feedback informally, as well as formally through supervision or team meetings. One member of staff said, "Any concerns or feedback is always actioned in a timely manner... nothing is too much trouble."
- The service had a variety of policies and procedures to support an inclusive workplace, such as a policy relating to fair recruitment and policies to guide the management team should any concerns about bullying or discrimination arise.

Continuous learning and improving care

- The registered manager was committed to learning and continuing to improve the service. They trialled new ways of working and obtained feedback from people and staff to assess these. For example, the management team had recently considered whether the service could operate using the electronic system without any additional paper records. However, the trial and feedback showed that having a care plan in people's homes helped ensure information was always easily accessible to staff, especially during their induction period. As a result, care plans had been returned to people's homes.
- The registered manager was invested in staff training and development to ensure people had positive experiences of care. The service commissioned an independent trainer to support the management team with in-depth induction and refresher training and had trialled different ways of supporting staff to complete the Care Certificate and apprenticeships.

Working in partnership with others

- The registered manager proactively sought out advice or guidance from other organisations and professionals. They used this to inform and improve people's care arrangements, as well as the service's processes and procedures.
- The service worked closely with commissioners. A professional working with the service told us, "The service offered by [registered manager] and [care coordinator] ... has been exceptional" and, "They communicate very well."