

Serenity Always Ltd

Serenity Always Health Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Serenity Always Health Care is a domiciliary care service that provides personal care to people living in their own homes. At the time of our inspection visit, the service was providing personal care support to 15 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

Quality assurance systems had failed to effectively monitor and improve the quality of people's care and ensure they were consistently safely supported. Checks that were in place were not being utilised correctly and there was no oversight of accidents, incidents or records about people's care.

We could not be sure people were always being supported with their medicines safely. People were receiving their planned care calls; however, management staff were often having to cover so they did not always have time to manage the service. Risks were not always assessed and planned for. Lessons were not always learned when things had gone wrong as there was not always oversight of this.

People were not always having their decision-specific mental capacity assessed. Decisions made in people's best interests were not being recorded. People had access to other health professionals, however additional clarification and guidance was not always sought in relation to some medical conditions. Staff had received some training but the ongoing monitoring of this was ineffective.

People had their care plans reviewed, however changes were not always made when necessary. People and relatives felt able to complain, but it was not always possible to see the outcomes of complaints.

No one was receiving end of life care at the time of the inspection, but the registered manager was aware of local organisations who could support them with this aspect of people's care. People had their communication needs recorded and were supported to access information about their care.

Staff understood their safeguarding responsibilities and people felt safe. People were protected from the risk of cross infection.

People were supported to have enough to eat and drink. People felt they were treated with dignity and supported to remain independent. People were involved in decisions about their care.

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

Rating at last inspection

The service was rated inadequate overall. It was inadequate in all key question apart from caring with was rated as requires improvement (published 18 May 2019)

Why we inspected

This was a planned inspection based on the rating at the last inspection. We found ongoing concerns during this inspection and there were breaches in regulations. We rated the key question well-led inadequate. The key questions safe, effective, caring and responsive were rated requires improvement. The overall rating was requires improvement.

Enforcement

We have identified breaches in relation to poor oversight of the service, the safety of people's support, assessing people's ability to consent and complying with conditions on their registration.

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

Follow up

The overall rating for this service is 'Requires improvement'. However, we are keeping the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Serenity Always Health Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection site visit was carried out by one inspector. An Expert by Experience made phone calls to people and relatives. An Expert by Experience is someone who has experience of using, or caring for someone who uses, this type of service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the provider. We have referred to them as the provider in the body of the report.

Notice of inspection

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

Inspection site visit activity was carried out on 11 November 2019. We visited the office location to see the provider, registered manager and staff, and to review care records and policies and procedures. We made phone calls to people and relatives on 5 and 7 November 2019.

What we did

We looked at information we held about the service including notifications they had made to us about important events. A notification is information about events that by law the registered persons should tell us

about. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Before we visited the provider's office, we spoke with two people who used the service, and three relatives. During our office visit, we spoke with two members of care staff, the care coordinator, the registered manager and the nominated individual from the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three people's care records, policies and procedures and records relating to the management of the service, including audits, meeting minutes, surveys and three staff recruitment files.

After the inspection, we requested additional evidence that could not be supplied on the day of our visits, such as action plans, some recruitment evidence and copies of some 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.

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

Using medicines safely

At the last inspection there were concerns relating to the management of medicines. This contributed towards a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found concerns were ongoing so there was a continued breach of Regulation 12 and people continued to be at risk.

- People's medicines were not always safely managed.
- We could not be sure people were always receiving their medicines as prescribed. Instructions on how often and how much of a medicine should be given were sometimes contradictory. For medicines that were needed 'when required' (also known as PRN medicine) there was no additional guidance for staff to help them know when a medicine should be administered. This put people at risk of not always receiving their medicine when needed.
- Topical medicines and oral medicines were being administered but these were not always being recorded on a Medication Administration Record (MAR). There were also multiple gaps in the recording of administration of other medicines and these were not always investigated. Therefore, we could not be sure people were always receiving medicines in line with their prescription.

Assessing risk, safety monitoring and management

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

- Risks were not always assessed and planned for. For example, one person had a note in their care file that they could experience seizures. There was some further detail about staff recognising when an 'episode' was occurring, however, there was no medical guidance in the person's plan to enable staff to react swiftly if a seizure was to occur.
- One person could display behaviours that may challenge staff. There was limited detail in their plan about how they may display these behaviours, what their triggers may be and how best to calm the person down. Staff we spoke with were aware the person could become agitated, however the lack of an individualised plan of care may lead to inconsistent care, particularly from new or covering staff.
- Some people needed support with moving and handling. We found details of this were now included in people's care plans more consistently. However, we found one person needed a hoist and sling to move and there was conflicting information about which colour sling hooks to use. This meant the person may not be

consistently supported.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong.
- At the last inspection there was a lack of recording and following the provider's processes in relation to accidents and incidents. At this inspection we found that a central folder had been introduced with copies of accident and incident forms and body maps. However, there was no analysis or oversight of these.
- We found one incident where staff had recorded a bruise on a person's arm in their care notes and on a body map. However, this had not been included in the central monitoring folder and the registered manager was unaware of the particular bruise. This showed the new system was not fully effective at ensuring lessons were learned when things went wrong.
- A person had displayed some behaviours that may challenge and there had been no learning from these incidents; the person's plan had not been updated following these incidents and their plan had not been updated following a change in their personal circumstances which may impact their well-being. This meant incidents were not always been effectively monitored and used to inform their future support.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes definitely [I feel safe], they [staff] help me and are never far from me."
- Staff demonstrated they knew about different types of abuse, how to recognise this and to report it to management. However, we saw one bruise had been documented by staff in care notes and on a body map, but no action had been taken to investigate this further as the registered manager was unaware of this. A system had been introduced so incident forms and body maps were collected centrally, however this one had not been included. This meant we could not be sure all concerns were dealt with.
- Despite this, we saw evidence of other concerns being reported to the local safeguarding authority and the registered manager was aware of their responsibility to report concerns.

Staffing and recruitment

At the last inspection, there were issues with staffing levels which resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, there continued to be staff shortages however the service was not supporting as many people, so this was no longer a breach of regulation as people were receiving their planned care.

- There were not always enough staff to ensure the service ran smoothly. People told us they received their calls and they were generally on time. However, the care coordinator, registered manager and provider were having to go out to cover calls due to staff sickness and staff leaving. This meant they had less time to effectively manage the service. One person said, "Recently I have seen [nominated individual] and [registered manager] stepping in I think there is a shortage of staff" and "There are not enough staff at the moment because a lot of carers have left."
- We were told recruitment was ongoing. Due to conditions on the provider's registration, they were unable to accept new packages of care, increases to current packages of care or readmissions to the service without the prior agreement of the CQC. The registered manager explained they had reduced the size of the service to make improvements following our last inspection. Despite this, recruitment had remained a challenge so senior staff were still having to cover calls.

Preventing and controlling infection

- At the last inspection there were concerns about infection control and protecting people. At this inspection we found no concerns relating to infection control.
- People and relatives told us staff wore appropriate personal protective equipment (PPE). One person said, "They [staff] come with an apron and gloves."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. At the last inspection there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's capacity and consent was not being checked. At this inspection, we found although the registered manager's knowledge had improved, improvements were still needed and there was a continued breach of Regulation 11.

- The registered manager showed us a mental capacity assessment form that they were planning on using to assess people's capacity. However, none of these had yet been completed, despite it being identified as a breach at the last inspection, so people's decision-specific capacity was still not being assessed. Decisions made in people's best interest were also not being recorded.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection we had concerns about staff training which resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made so they were no longer in breach, however further improvements were required.

- The registered manager explained to us that the training provider they used had recently updated their

system, so all training records for staff had been lost in the upgrade. The provider had no other way of monitoring staff training, so they could not reliably confirm staff were all up to date with their training.

- Staff were unable to discuss what mental capacity meant and told us they had 'forgotten' their training about it. Staff who were to be involved in assessing people's capacity had not yet had in-depth training in relation to this but were considering sourcing this.
- Staff told us they had some supervisions, although we did not always see evidence of these in staff folders. One staff member said, "Yes we have them [supervisions] about six-monthly. They ask if I am happy."
- Competency checks were being completed, with some still outstanding. One staff member said, "They like to keep us on our toes." We saw a matrix was in place which detailed who had received a spot check and who still needed one. A new care coordinator had started so these were being completed more consistently.

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

- Assessments of needs were being more consistently completed since our last inspection. However, some guidance was missing, such as in relation to a person's seizures; this had not been followed up with a health professional.
- Despite this, people and relatives told us they were kept up to date about their conditions, one person said, "If they [staff] think there is a problem they phone the district nurse." A relative said, "They [staff] have called an ambulance when [my relative] fell."

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

- Most people were independent or supported by their relatives in relation to food and drinks. However, people raised no concerns with us regarding how they were supported by staff. One person said, "Staff do my drinks, I have ready meals for the microwave, I ask them to look at the dates and ask for the food closest to today's date."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- There was mixed feedback about the approaches by staff. No one felt poorly treated, however some staff were better than others.
- One relative said, "On the whole my relative gets on with them [staff] really well and enjoys the chat they have, but the current staff member that comes is very unhappy with the care service; there have been a lot of staff changes, the carer just comes in and goes." Another relative said, "The carers are very caring, some really take an interest in my relative's wellbeing and take an interest in them, the odd one or two rush the call a little bit but that is their personality."
- Other comments from people included, "Some [staff] are excellent, some are just very good" and, "[Staff are] part of the family."
- Nobody we spoke with wished to disclose any religious or cultural beliefs that the carers needed to be mindful of. People told us the service provided female staff when needed.
- We discussed with the registered manager how they ensured they considered people's diverse needs, they said sometimes questions about sexuality and ethnicity can put people off however, if someone wanted to discuss their needs "We would discuss it with that person and carers and what they are going to do. We have people who want carers who speak a foreign language. We try our best, they might become a person's key worker but we explain we can't always promise this."

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

- People we spoke with all confirmed staff asked for their consent before supporting people. People told us they felt involved in decisions. One person said, "I have options about what carers I like and don't like."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect. One person said, "The staff shut the door when I am in the shower and when I go into the bedroom to get dressed." A relative stated, "They [staff] make sure my relative is covered up when they take them on the commode to the bathroom, they draw the curtains in the bedroom."
- People confirmed they were supported to remain independent. One person said, "They let me get on with it and if I need help I ask, we talk about what we like and don't like." Another person said, "Staff do what I ask them to do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At the last inspection there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive personalised care that met their individual needs and preferences. At this inspection we found improvements had been made so the provider was no longer in breach of this, although further improvements could be made.

- Since the last inspection, people's care plans had been reviewed, however they were not always updated when necessary. For example, one person's personal circumstances had changed and their plan was not updated. Some plans also did not contain enough detail. This meant people may be exposed to inconsistent care.
- Staff generally had a set run, so they got to know people. However, people had noticed a lot of their regular staff had left so they were having to get to know staff again and management were having to cover calls. One relative commented, "When they bring new carers in they need to introduce the carer and give more information about my relative's routine and make them familiar with what needs to be done." Another relative said, "A lot of the carers have left recently."

Improving care quality in response to complaints or concerns

At the last inspection we had concerns about how complaints were being managed which resulted in a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement had been made so there was no longer a breach, but further improvements were still needed in relation to recording.

- People and relatives told us they felt able to raise concerns, however feedback in response to raised concerns was inconsistent. One relative said, "Depending on the issue sometimes I would make a phone call. I have sent things via email. [The nominated individual] says they will raise it with the carers and things usually improve, but they don't necessarily come back to you." Another relative said, "I would phone them up, I complained about a carer not coming and eventually they came."
- A complaints and concerns folder had been established so they could be managed centrally. We viewed two complaints since the last inspection. One was detailed, and the outcome was recorded. The other stated an investigation would be carried out however there was no outcome recorded. When we discussed this with the registered manager, they were able to tell us the action they took and the outcome, however they had not recorded that they had followed the action they stated they would take.

End of life care and support

- The service was not supporting anyone who was nearing the end of their life. We discussed with the

registered manager what action they would take to support someone who became palliative in their care. The registered manager said, "We do an assessment, we would liaise with end of life team. We talk to the carers to tell what to expect and what to do but not had it for a long time. Locally they often move into a hospice or go into hospital."

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.

- People's communication needs were discussed with them and their family. The registered manager explained to us, "When we do assessments we ask them, often they have a family member with them. We could have an advocate there. We could record it [their communication needs], or we could read their care plan to them." They went on to give an example of one person who had a large print care plan, so they could read it themselves and the person would sometimes email asking for something to be explained to them. This meant people were supported to access information relating to their care in a way suitable for them.

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 remained the same.

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

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

- Systems in place failed to identify concerns and areas that needed to improve. The service was rated inadequate at the last inspection, there was a condition in place on their registration restricting their ability to rapidly increase the number of people they supported and the service had significantly reduced the number of people it supported. Despite this, there was still a lack of strategic plans to ensure the quality of care improved and people's experience of care was effectively monitored.
- Audits on MARs had repeatedly failed to identify gaps in recording and to investigate the reasons for this. Audits were often ticked as all ok, but we found significant omissions in the instructions available to staff, gaps in recording and medicines missing from MARs. None of these issues had been identified by audits that had taken place on the same documentation.
- A central medicines error folder had been introduced. This was an improvement following the last inspection, however as audits were not always effective we could not be sure all medicine issues were being thoroughly checked and investigated.
- Quality audits were not always being carried out on care notes. There was no audit tool in place, we were told "There's no tool for the auditing of care notes yet"
- The registered manager, nominated individual and care coordinator were often covering care calls so they did not always have time to dedicate to managing and monitoring the service.
- There was a lack of effective monitoring of staff training. Whilst it is understood an external company had changed its systems which the provider had no control over, there was no central training matrix, or equivalent, that monitored staff training.
- The provider had failed to display their previous inspection rating in their registered office, which is a legal requirement. Following our feedback, this was put in place by the end of the day. The rating was being correctly displayed on their website as required.

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

- The provider had failed to ensure sufficient action was taken following the last inspection to ensure effective systems were put in place to monitor the quality and safety of people's care.

- The systems implemented were not being effectively used to check people's care. Furthermore, the provider and nominated individual continued to regularly cover care calls which took them away from the management of the service.
- A central accidents and incidents folder had been introduced, whilst we found one incident which had not been included here, there was no oversight of any of these. There was no analysis of trends or to determine the correct action had been taken. This meant the information was not being used to help keep people safe and improve people's care.
- The registered manager was aware of their responsibilities relating to duty of candour. They said, "We have to be open and transparent. We always say sorry to them [people] and tell them what we're going to do."

Continuous learning and improving care

- Whilst some improvements to the service overall had been made, there continued to be multiple continued breaches of regulation. There was minimal oversight of improvements. There was no action plan in place, so progress could be monitored by the registered manager and provider.
- An electronic call monitoring system was being introduced, but this was not fully operational, so we could not see if it was used effectively or not.

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

- As a result of the serious concerns we found at the last inspection, we imposed conditions on the provider's registration in relation to ensuring staff had a clear plan in place which provided guidance to staff on how to support people with their medicines safely. At this inspection we found this guidance was not always in place and staff did not always have this guidance available.

Therefore, this constituted a breach of Section 33 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- The provider was in the process of improving how they engaged people about the service they received. People had been able to respond to a survey multiple times since our last inspection and an update letter was sent to people to update them on the outcome. However, the analysis of responses and a resulting action plan was not clear.
- There were some staff meetings. Staff were not asked for their opinion through surveys. When we asked the registered manager about this they said, "They [surveys] are done with service users. Not with staff. That's a good idea, thank you." This meant staff did not always have an anonymous way of feeding back about specific areas, if they felt unable to raise things in a larger forum or face to face in supervisions.
- Despite this, people, relatives and staff felt able to go to the registered manager and nominated individual. Comments from people and relatives included, "[The registered manager] is bubbly and helpful", "[The nominated individual] is very humble, down to earth, very accommodating, courteous and caring" and, "The managers have been good with us. I can go to them."

Working in partnership with others

- The registered manager and nominated individual were receptive to feedback and were willing to work in partnership. They had a relationship with the local authority and commented about the positive support they received from them.

