

Serenity UK Care Limited

Serenity UK Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Serenity UK Care Ltd is a residential care home providing accommodation and personal care for up to 6 people. The service provides support to women with mental health needs. At the time of our inspection there were 5 people using the service

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

People's risks were assessed and reduced. Staff followed appropriate food safety practices and the environment of the care home was safe. There were enough staff available at all times and the provider carried out the appropriate checks to ensure staff were suitable to provide care and support. People's medicines were administered by trained staff and audited by the registered manager. 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 decided how they received their care and were supported to achieve good outcomes. The registered manager audited the quality of the service people received and used feedback from people, relatives and staff to improve the service. The provider worked with others to ensure people's changing needs were met.

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Serenity UK Limited on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Serenity UK 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 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

This inspection was carried by 1 inspector.

Service and service type

Serenity UK Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Serenity UK Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to 2 people, 1 member of staff, 1 care manager and the registered manager. We reviewed 4 people's care records and 4 staff files. We undertook checks of the environment and people's medicines, and we reviewed the provider's fire safety and quality monitoring processes.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; assessing risk, safety monitoring and management

At our last inspection we found shortfalls around infection control. This was because there were broken tiles in the kitchen and bathroom, insufficient hand drying facilities, fridge drawers were broken, and opened food within it was not labelled and dated. Additionally, we found a cupboard containing chemicals was not locked and not all windows had restrictors to prevent falls from height. These issues were a breach of regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 12.

- People were protected from the risk and spread of infection. The environment of the service had improved, and repairs had been carried out since our last inspection. Improvements included replacing broken tiles in the kitchen and bathroom and ensuring window restrictors were in place. This prevented the risk of people falling from height.
- Staff followed food safety practices to keep people safe. People and staff used colour coded chopping boards when preparing food. Different coloured boards were used for different food types, for example raw meat, bread or vegetables. This prevented bacterial cross examination and ensured people's food safety.
- The provider had purchased a new fridge. The fridge temperature was monitored to ensure food was stored safely and opened food containers were sealed and correctly labelled.
- Risks to people's safety and well-being were assessed and reduced. Risk assessments were clear and were regularly reviewed to ensure they reflected people's current needs.
- Where required, people's risks were assessed by health and social care professionals and staff followed their guidance.
- Staff regularly tested the service's fire alarms and supported people to rehearse building evacuation. People had individual emergency evacuation plans which detailed the support they required to leave the building safely. This meant people were protected by the readiness of staff to respond to an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding procedure in place. The registered manager and staff understood their roles in keeping people safe in line with this procedure.
- Staff received regular training to ensure they had the safeguarding skills and knowledge to keep people safe

Staffing and recruitment

- People were supported by staff who had been vetted by the provider. This included interviewing candidates, confirming their identities and criminal record status, and reviewing references from previous employers. This meant staff were safe and suitable to provide care and support.
- New staff received an induction to ensure they had the skills required to support people appropriately.
- The registered manager ensured there were enough staff available at all times to meet people's needs safely.

Using medicines safely

- Staff were trained to administer people's medicines. The registered manager regularly assessed staff medicines competency through observation and verbal tests.
- People's medicines administration record (MAR) charts were accurately filled by staff and regularly checked by the registered manager. This meant people received their medicines in line with the prescribers' instructions.
- People's MAR charts contained their photographs. This helped ensure the right person received the right medicine at the right time.
- Where required, people were supported to have blood tests to ensure their medicines continued to be safe and effective.

Learning lessons when things go wrong

- The registered manager ensured there was collective learning within the team when things had not gone as planned. This included reviewing incidents and near misses.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found provider did not have robust processes in place to assess, monitor and improve the safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 17.

- The quality of care and support received was regularly audited by the registered manager. These checks included observations of staff providing support, reviewing care records and auditing medicines.
- Since the last inspection, the registered manager's audits had increased in frequency from monthly to weekly. This enabled shortfalls to be more speedily identified and addressed.
- Where shortfalls were identified action was taken. The registered manager reviewed audits and action plans to ensure all tasks had been completed.

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

- The provider promoted a positive culture at the service. The service had an established staff team with most in post for over 3 years. This meant people and staff knew each other well. This enabled staff to support people to make decisions and to identify when their mental health needs were increasing.
- People were supported to achieve good outcomes. The service was person-centred and focused on supporting people to achieve their individual goals. For some people, their focus centred on reacquiring the skills they needed to move on to greater independence. Staff supported this through skills teaching activities such as cooking, shopping, cleaning and personal care.
- People were engaged in planning and reviewing their care and support. Staff supported people to prepare for and engage with regular reviews with health and social care professionals and updated care records to reflect their outcomes.

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 provider understood their responsibility to keep people, relatives, the local authority and CQC informed about important events at the service.
- The service worked collaboratively with others to meet people's needs. For example, the registered

manager and staff supported people to engage with mental health professionals, social workers and advocates.

- At the time of the inspection the provider was working with IT specialists to develop electronic care records for people.

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

- The registered manager arranged residents' meetings for people to discuss care and support at the service. We reviewed the records of residents' meetings which showed discussions taking place around issues such as nutrition, activities, laundry and infection control.
- People were supported by keyworkers. A keyworker is a member of staff with specific responsibilities for people such as arranging appointments, planning activities, and reviewing progress. People chose their keyworkers. This meant people decided which staff would support them to plan and achieve positive outcomes.
- The registered manager and staff assessed and supported people with their cultural needs. Where they chose to, people attended religious services.
- The registered manager arranged monthly team meetings to discuss people's changing needs. Minutes were kept of these meetings for later review.
- Staff were supported to access social media applications to share ideas and learn about good practice.

Continuous learning and improving care

- The registered manager ensured there was a process of continuous learning for the staff and leadership. The training undertaken by staff was recorded in a matrix which the registered manager reviewed to ensure staff skills and knowledge were up to date.
- The registered manager was qualified to deliver some types of training to staff such as safeguarding. Additionally,, senior staff undertook leadership training to ensure they had the skills to manage the service effectively.
- The service was regularly checked by the local authority's quality team and took action to drive improvements where they were identified.