

Serendipity Healthcare Ltd

Serendipity Healthcare Ltd

Inspection report

Unit 5
Millennium Way
Chesterfield
Derbyshire
S41 8ND

Date of inspection visit:
06 September 2022

Date of publication:
20 October 2022

Tel: 01246260843

Website: www.serendipityhealthcare.co.uk

Ratings

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

Summary of findings

Overall summary

About the service

Serendipity Healthcare Ltd is a domiciliary care agency, providing personal care to people living in their own homes. At the time of our inspection 217 people were using the service who all received support with personal care.

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

People and their relatives told us they felt safe with the care provided. Risks which affected people's daily lives were assessed and monitored. Staff were recruited safely, and the majority of people told us they received their visits on time. A small proportion of people told us that staff were sometimes late. The service was aware of this through their quality monitoring processes and were working to improve this. Medicines were managed safely and administered by trained staff. We were assured that the provider had sufficient infection, prevention and control measures in place. The registered manager had contingency plans in place to address events which may disrupt service delivery.

People's preferences and choices had been identified in their care plans and care records had been regularly reviewed and updated to reflect people's changing needs. Staff had completed mandatory induction training prior to delivering services to people, staff regularly refreshed and updated their training. Staff worked with other agencies to ensure people had access to healthcare and support.

People spoke positively about staff and were involved with their care planning including how they wished to be supported. Staff understood how to promote people's independence and respected people's privacy and dignity.

People received personalised care during their visits that was tailored to their needs and preferences. People and their relatives told us they knew how to complain and were regularly given opportunity to raise any concerns. The service had received many compliments about the care staff had provided.

The registered manager had quality assurance systems in place which ensured all aspects of the service were regularly audited. There was a positive, person centred approach to the planning and provision of people's care, this was demonstrated by the staff knowledge and understanding of the people they were supporting.

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.

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

Rating at last inspection

The last rating for this service was good (published 29 October 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good.

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 effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Serendipity Healthcare Ltd

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.

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 homes.

Registered Manager

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 5 September 2022 and ended on 14 September 2022. We visited the location's office on 6 September 2022.

What we did before the 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. 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 all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke the HR Manager, team leaders and care assistants.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The majority of people told us they received their visits at their planned time, however a small proportion of people told us that staff were sometimes late. The service was aware of this through their quality monitoring processes and were working to improve this.
- The provider was transparent with us about current recruitment challenges they faced and the actions they had taken. We found effective arrangements were in place to ensure the service continued to run when faced with staff shortages. For example, office staff had also received appropriate training which enabled them to deliver care in the event of a staffing crisis.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and relatives told us they felt safe with the care provided and that staff knew them well. One person told us, "I feel safe with the [staff], they are very respectful" and a relative told us "The service is safe for [person] as we can't be here."

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person had been identified as at risk of developing pressure ulcers. We found their care plan identified this risk and provided staff with detailed information on the monitoring and preventative actions staff were required to take at each of the person's visits.
- The registered manager had contingency plans in place to address events which may disrupt service delivery. This included an assessment of each person's needs and any associated risks.
- Environmental risks had been assessed. This ensured staff were aware of any risks when they were carrying out their visits to people.

Using medicines safely

- Peoples prescribed medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff competence was regularly checked, which included direct observation of their practice, to ensure medicines were administered safely.
- The service worked in partnership with other professionals to ensure people received their prescribed medicines. People and their relatives confirmed they received their medicines as prescribed.

Preventing and controlling infection

- The service had an infection control policy in place which detailed the actions staff were required to follow. Staff confirmed the registered manager always ensured they had an adequate supply of personal protective equipment (PPE).
- Staff received training in relation to infection prevention and control. Staff told us how they managed risks in relation to COVID-19; such as how to wear PPE when visiting people and following hand hygiene guidelines. The team leaders told us how they regularly checked staff's competence to ensure people were protected from the risk of infection.

Learning lessons when things go wrong

- The management team regularly analysed accidents, incidents and complaints to identify any emerging themes or patterns in order to improve the care provided.
- Accidents and incidents were reported correctly by staff to the registered manager, these were reviewed, and actions were taken to reduce any further risks.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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's needs had been individually assessed. Care plans and risk assessments showed the action staff should take to minimise any risk of avoidable harm.
- Care records had been regularly reviewed and updated to reflect people's changing needs.
- People's preferences and choices had been identified in their care plans. For example, one person's care plan detailed the cup they preferred to use and another person's care plan prompted staff to ensure lamps were left on at their teatime call.

Staff support: induction, training, skills and experience

- Staff had completed mandatory induction training prior to delivering services to people as part of their induction, and they had regular refresher courses to maintain their skills and knowledge.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and spot checks of their competencies which included feedback on performance.

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

- People's care plans clearly detailed their eating and drinking needs, and when people had specialised diets this was highlighted for staff to follow.
- Relatives told us they were happy with the food and drink staff prepared for their family member. One relative told us "They give [person] drinks and offer the family drinks when they are visiting. They leave cold drinks with [person]." Another relative told us "They ask [person] about meals and everything, [staff] give choices they are really good."

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

- Staff worked with external professionals to reduce the risks they had identified. For example, a relative told us "Staff are very vigilant about [person's] skin condition, they always report any red areas to me, and the district nursing services."
- Staff worked with other agencies to reduce the risks they had identified. For example, when a person's mobility needs had changed the service had ensured an occupational therapist had been contacted for advice and they had updated the person's care plan based on the information and new equipment provided.
- People were provided with information to support their wellbeing, newsletters were regularly sent to

people and staff which gave information on key topics such as mental health and how to stay well in a heatwave.

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 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 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

- People had mental capacity assessments and best interest decisions in place when relevant, these had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Staff had received training in MCA and understood how to support people in line with the act. People told us that staff always sought their consent prior to carrying out any care or support.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Staff had a good understanding of equality and diversity and understood the importance of respecting people's human rights. Care plans contained personal information about people's backgrounds, this supported staff to gain an understanding of the people they were supporting and engage in conversations with them.
- People spoke positively about the staff. One person told us "They are very kind in general. If I have a problem, they help me." And another told us "[Staff] are okay, polite, nice and respectful."

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

- People and their relatives where appropriate were involved in their care planning and how they wished to be supported. People were also given opportunity to regularly review their care to see if any changes needed to be made.
- People felt listened to by staff and were able to make choices about their care. One person told us "They ask and involve me, they are decent people." And another told us "They listen, they are very caring, they are great."

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence. A person told us "I'm very independent, I can do most things myself, but they ask also. They help me as needed." And a relative told us "They encourage [person] to be independent, they encourage [person] to wash themselves."
- Staff understood the importance of respecting people's privacy and dignity. Staff told us when they provided personal care the steps they took to ensure people's privacy and dignity was protected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People had an option to receive a schedule in advance of their visits, which detailed who would be visiting them, some people told us they were not always informed changes to the schedule. The service was aware of this through their quality monitoring processes and were implementing strategies to improve this.
- People received personalised care during their visits that was individual to their needs and preferences. People's care plans detailed their routines and the support they required in each visit. We could see from people's care records that this was followed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment and care planning process.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if other alternatives were required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed complaints the service had received, we found these had been investigated and actions had been taken to reduce the reoccurrence of the issues raised.
- People and their relatives told us they knew how to complain and were regularly given opportunity to raise any concerns. People told us when they had raised a concern "It was sorted straight away."

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- The service had received many compliments about the care staff had provided, these included compliments from relatives following the care and support they had received when their family members were at the end of their lives.

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 good. At this inspection the rating for this key question has remained 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

- There was a positive, person centred approach to the planning and review of people's care. This was demonstrated by staff knowledge and understanding of the people they were supporting.
- Staff spoke positively about the culture of the service. One staff member told us "I love my job, I would recommend working here, the management appreciate everything [staff] do it's an amazing team."
- People and their relatives spoke positively about the management of the service. A person told us "I would say it's well managed" and a relative told us "They [management] have been really good. I would recommend them."
- The management had developed strategies to recognise staff's commitment. We saw that wellbeing packs had been distributed to staff as recognition for their work. Staff told us this had made them feel valued.

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; Continuous learning and improving care

- The registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.
- The provider regularly met with all departments of the service to monitor and share information. We reviewed the minutes of these meetings and could see findings and actions from audits were discussed and used to develop the service.

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

- The provider and registered manager had a quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place. For example, where medication errors had been identified this had been promptly followed up, with appropriate actions taken.
- The provider and registered manager had identified areas that required improvement in relation to staff compliance with registering their arrival and departure times on the provider's electronic system. We saw evidence that this had been addressed with staff in a recent staff meeting, and individually in supervisions. The registered manager continued to monitor this issue.
- The registered manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.

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

- The registered manager gathered feedback about the quality of the service through surveys and in person visits to people. The registered manager analysed this information and had identified and actioned areas for improvements. For example, strategies were being implemented to improve communication with people when changes to people's visits were required.
- Information and learning were shared with staff through meetings, memo's and the provider's electronic care management system. Staff told us communication was good and they felt updated and informed about changes.
- The registered manager told us how they ensured all staff knew how to communicate with the people they were supporting. We saw evidence that staff had been supported to understand people's dialect. Staff had provided feedback they had found this helpful.

Working in partnership with others

- The service worked in partnership with other professionals such as occupational therapists and district nurses to support people to access healthcare when they needed it which had improved people's outcomes.