

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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. 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 our inspection the service was providing personal care support to 9 people.

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

People were not always supported on time by staff as staff did not have enough traveling time between people's care calls. People were supported by trained staff however staff's understanding of safeguarding and the MCA could be improved. Quality assurance tools had not identified concerns we found around staff rotas and training.

People felt safe and were supported by safely recruited staff. People had care plans and risk assessments in place which explored their needs and preferences. Staff knew people well and were meeting their needs. People were supported to receive their medicines as prescribed. People were supported in line with infection control guidance.

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 were supported to eat and drink in line with their needs and preferences. People had end of life care plans in place.

People were supported to access health and social care professionals where they required these. People were supported by staff they described as 'caring' and 'kind'. People were supported to maintain their privacy and dignity. People were supported to maximise their independence.

People and their relatives knew how to complain. The provider responded promptly to concerns raised about the service. The provider had quality assurance tools in place in relation to medicines and care plans which identified where improvements were required and took action to make improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 March 2021). At this inspection we found improvements had been made but the rating remained requires improvement. The service has been rated as less than good on four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the management and oversight of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the well led section of this full report.

Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection we made recommendations around staff training in relation to safeguarding.

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 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 safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

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. 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 completed by an 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.

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 the provider was also the registered manager.

Notice of inspection

We gave a short period 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.

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 with 4 people who used the service and 5 relatives. We also spoke with 5 members of staff including the provider, team leader, senior care worker and care workers. We reviewed 3 people's care and medicines records and 2 staff recruitment files. We also reviewed a variety of records relating to training and the oversight of the service.

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 remained 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.

Staffing and recruitment

- There was not always enough travel time for staff to travel between people's homes. This meant some people told us staff were late to provide their care. One person told us, "The carer could come 7am, 8am, 9am, 10am, with no call to tell me, the other day it was 10.15am." We raised this with the provider who took action to ensure staff had sufficient travel time between people's care calls and people were informed of these changes.
- Other people and their relatives told us staff attended their homes on time and called ahead if they were going to be late. One relative told us, "[Staff] arrive in good time and if they are going to be late, they will let me know."
- People were supported by safely recruited staff. The provider had completed checks prior to staff's employment including a criminal records check and obtaining references from previous employers.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to report concerns.
- People told us they felt safe. One person told us, "I am happy with the care, so I feel safe."
- The provider had a system in place to ensure where potential safeguarding concerns were raised these were reported to the Local Authority safeguarding team. We saw where concerns had been raised these had been sent and action had been taken to understand risk and reduce the risk of reoccurrence.

Using medicines safely

- At the last inspection medicines were not managed safely. At this inspection we found improvements had been made and medicines were now managed in a safe way.
- Staff supported people to receive their medicines as prescribed and medicines records reflected this. For example, people had charts in place detailing where prescribed creams should be administered and staff were signing to say they had administered these.
- People had guidance in place for staff where medicines were prescribed on an 'as required' basis to ensure people received support with these when they needed them.

Assessing risk, safety monitoring and management

- People had care plans and risk assessments in place which explored their needs and risks in detail. For example, one person required equipment and support with transferring from their bed to a chair. Staff had clear guidance to follow to enable them support the person to achieve this safely.
- People who required additional support with their health had clear plans in place to support staff to offer

this support. For example, one person was at risk of their skin breaking down. Staff had guidance in place about how to support this person to reduce this risk and how and when to contact the person's healthcare professionals for additional support.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff told us they wore masks to support people in their homes and had sufficient stock of PPE to support people safely.
- Where people had requested staff did not wear masks to support their communication needs this had been risk assessed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons had been learned where things had gone wrong. For example, where concerns had been raised about a staff member, this staff member had received supervision from the provider and no longer visited the person who had raised these concerns.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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,

- Staff had a mixed understanding of the MCA and what the principles meant but could explain the importance of supporting people to make decisions around their care. During our inspection we found no instances of people being supported in a way which restricted them and people, their relatives and staff confirmed staff were asking people prior to providing support. The provider took action following our inspection to ensure staff MCA training was refreshed and competency checks had been completed.
- People had capacity assessments and best interests decisions completed and recorded where these were required. For example, a person living with dementia had capacity assessments and best interest decisions recorded around staff providing their care and support.

Staff support: induction, training, skills and experience

- Staff received an induction prior to them supporting people at the service. New staff shadowed more experienced staff to help them understand people's care needs and preferences on how care should be provided. However, people and their relatives told us newer staff would benefit from more shadowing prior to supporting people on their own to ensure they fully understood people's needs and preferences. One relative told us, "The new staff need more shadowing than they get."

We raised this with the provider who told us they would review how new staff shadowed more experienced staff and make changes should this be required. We will check this at our next inspection.

- Staff received online training to support them in their role. However, as reported on in 'safe' this had given

mixed levels of understanding around safeguarding. We have made recommendations in relation to these training courses.

- Staff had access to regular supervisions and appraisals with the provider which they described as 'helpful' to their role. One staff member told us, "I have meetings with [the provider] every 3 months. It helps me understand my role and the people I visit."

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

- The provider completed assessments with people and their families prior to providing them with care and support. This meant people had clear guidance in place for staff when they joined the service to enable them to meet their needs safely.

- People's care plans contained best practice guidance to enable staff to provide support in line with these. For example, a person who had an increased risk of strokes had guidance in place to enable staff to identify the early warning signs of the person having a stroke.

- People had access to healthcare professionals in a timely way where they needed these. For example, a person requiring a review of their mobility equipment had been reviewed by an occupational therapist.

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

- People were supported to eat and drink in line with their needs. For example, one person was nil by mouth, and this was clearly detailed within their care plan.

- People's preferences for eating and drinking were recorded within their care plans. For example, one person's care plan stated they liked porridge for breakfast. People's feedback confirmed staff offered people choice around their meals.

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 requires improvement. At this inspection the rating has changed to 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's care plans contained details of their sexuality, gender and any cultural or religious needs.
- People were supported by staff who they described positively. People and their relatives gave positive feedback about the staff who supported them. One person told us, "The carer is kind, caring and respectful." One relative told us, "All the staff are polite and try to help me."

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

- People were supported to be involved in decisions about their care. One person told us, "The carer listens to me." We saw people had been involved in writing their care plans and care plans were written in the first person.
- People and those important to them were encouraged to give regular feedback about their care. Recent quality surveys contained comments from people and their relatives including, "The carers are doing a wonderful job." All feedback rated the service as good or excellent.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us they close people's doors and give people towels to cover themselves when providing personal care.
- People's independence was promoted. People's care plans contained prompts for staff around people's abilities to support themselves and staff confirmed they provided care in line with these. For example, staff told us how people were encouraged to wash themselves where they were able.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People had details of decisions about their end of life care included within their care plans.

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

- People had personalised care plans in place which explored their preferences. For example, one person's care plan contained guidance around how they liked to listen to music when washing themselves.
- People's care plans included who was important to them and who they would like to be involved in their care.
- People's care plans prompted staff to ensure they were offering people regular choices about their care.

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 could access information in a variety of formats to support their understanding. For example, people could access information in their preferred language and large print.
- People had communication care plans which explored their communication needs. For example, one person's care plan contained guidance for staff to allow them time to answer due to a medical condition delaying their ability to respond verbally.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place they were adhering to. This meant action was taken where concerns were raised.
- During our inspection we shared concerns that had been raised with us about a person's safety with the provider. The provider responded to these immediately and took appropriate action to ensure improvements were made. The provider told us they had not been made aware of these concerns prior to us raising 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance tools were in place and effective at monitoring most aspects of the service including people's care records. However, further improvements were required to ensure staff training around safeguarding and the MCA was effective and staff always had sufficient travel time between people's care calls. We raised these concerns with the registered manager who told us they had planned to discuss competency with staff in their supervisions and was in the process of reviewing people's rotas.
- Quality assurance tools were completed monthly on medicines records and highlighted where improvements were required. For example, staff had signed to say they had administered a person's creams 4 times a day on 1 occasion as opposed to the twice a day this was prescribed. The provider's audit had identified this concern and spoken with staff who confirmed this was a recording error only.
- The provider understood their requirement to notify us of events at the service and was meeting this.

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

- Overall, people and their relatives gave positive feedback about the provider. One relative told us, "The [provider] is approachable."
- Staff gave positive feedback about the provider. One staff member told us, "[The provider] is a very good manager. We are like a family."
- The provider had made improvements since their last inspection and told us they were committed to continue to make these improvements. The provider told us, "It has been hard but I have learned a lot. We are hoping that whatever we have learned we are better than before. We want to be better than where we were before."
- The provider had employed an external consultant to drive improvements at the service and had a plan in place to continue working with the consultant to ensure improvements were sustained.

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

- The provider was aware of their responsibilities relating to duty of candour and was meeting these. For example, where things had gone wrong, they were communicating openly with people and their families.

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

characteristics

- The provider sought regular feedback from people and relatives about their care. We saw all responses were positive from people and their relatives and this had improved since our last inspection.
- The provider sought feedback from staff about their role. All feedback from staff had also been very positive.

Working in partnership with others

- The provider worked well with external professionals to ensure people had access to health and social care professionals where they needed them. For example, staff worked with district nurses to ensure a person received pressure relief care in line with their needs.
- Professionals we spoke with gave positive feedback about the provider.