

Serenta HomeCare Ltd

Serenta Homecare

Inspection report

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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?	Outstanding ☆

Summary of findings

Overall summary

Serenta Home Care is a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats in the community. Not everyone using Serenta Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The services office is based in the Millhouses area of Sheffield. Support is provided to older people living in the south of Sheffield. The agency provides support with personal care, domestic tasks and companionship. The office is open from 9am until 5pm Monday to Friday. An on call system is in operation.

At the time of this inspection, 34 people were receiving support with the regulated activity personal care. Twenty-four care workers were employed.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection took place on 25 and 26 January 2016. The service was rated Good.

This inspection took place on 23, 24 and 25 July 2018. We gave the registered provider 48 hours' notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

We received very positive views from people about the support provided to them or their family member. Without exception, people told us they felt safe and their care workers were respectful. People told us they received a consistent and reliable service that met their needs. Staff demonstrated they were highly motivated and offered care and support that was compassionate and kind.

We found systems were in place to administer people's medicines safely.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and these were regularly reviewed to ensure people's safety.

Robust recruitment procedures were in operation and promoted people's safety.

Staff were provided with relevant training, supervision and appraisal for development and support.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Serenta homecare.

People were supported to maintain a healthy diet, which considered their culture, needs and preferences, so their health was promoted and choices could be respected. Access to healthcare professionals was supported.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to.

The registered provider and registered manager were excellent role models. We found an extremely effective system was in place to monitor service delivery. The staff, registered provider and the director displayed a strong commitment to providing high quality care to people. They had innovative ways of promoting a positive culture and involving people in the service. The registered provider demonstrated partnership working to improve and develop the service.

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.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines.

Robust recruitment procedures were in operation and promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People received support that met their needs and wishes.

Staff had been provided with training, supervision and appraisal at relevant frequencies so they had the skills to support people.

People had consented to the support provided by Serenta Home Care.

Is the service caring?

Good ●

The service was caring.

People told us their care workers made their lives better.

Staff were highly motivated and offered care and support that was compassionate and kind.

Staff were proud to work for the service and displayed a commitment to supporting people in a manner which was meaningful and had positive outcomes.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to their care worker and registered manager and felt they would be listened to.

Is the service well-led?

The service was extremely well led.

The service had innovative ways of promoting a positive culture and involving people in the service.

Partnership working was promoted to improve and develop the service.

The culture of the service was inclusive and staff felt very valued by the registered provider.

Outstanding 

Serenta Homecare

Detailed findings

Background to this inspection

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

This inspection took place on 23, 24 and 25 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

On 23 July 2018, we visited three people who received support at their homes to ask their opinions of the service and to check their care files. We also spoke with three relatives of people receiving support during visits.

On 24 July 2018, we visited the service's office to see the registered manager, the director, some staff and to review records, policies and procedures.

On 23, 24 and 25 July 2018 we telephoned people who received support to ask their opinions of the service.

The inspection team consisted of two adult social care inspectors and an assistant adult social care inspector.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with the registered manager, the director, two care coordinators and three care workers in person during the visit to the office.

We telephoned 21 people who received support. Ten people responded and we spoke with them, or their relatives, to obtain their views of Serenta Homecare.

We reviewed a range of records, which included care records for six people, the staff training and support matrix, three staff employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

People receiving support said they felt safe with their support workers. Comments included, "I'm very safe indeed" and "I feel safer because of them [care workers]".

Relatives of people receiving support all felt their family member was safe. Their comments included, "I know [family member] is safe. It is very reassuring" and "They [care workers] are smashing. They are very safe with them".

The registered manager was aware of their responsibility to report safeguarding incidents as required and in line with safe procedures.

All the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

We checked the procedures for the safe administration of medicines. We found the service had a policy on the safe administration of medicines and worked in accordance with the local authority policy. The director had improved the recording and administration systems by developing a mobile telephone application for care workers to use. This set out the list of current medicines and the times the medicines needed to be administered for each person. The care worker logged each administration on their mobile telephones. If a medicine had not been administered, this flagged an alert within 15 minutes to the office so that this could be followed up and rectified. The registered manager told us that since this system had been introduced, no medication errors had occurred.

The six people's care records checked held clear detail of the support required with medicines. One person visited at their home had support with medicines. We checked their Medicines Administration record (MAR) and the medicines held at the home and found all details corresponded. The MAR had been fully completed. We found systems were in place to monitor safe medicines administration. Each month completed MAR were returned to the office and audited for gaps and errors. We checked 11 MAR held at the office and found all had been fully completed. This showed safe procedures had been followed by staff.

Staff confirmed they had been provided with training in the safe administration of medicines, and had been observed to make sure they were competent. The training records checked showed all staff had undertaken

medicines training. This showed safe procedures were promoted.

People spoke positively about the support they got with their medicines. One person told us, "I get my tablets regularly. I couldn't manage without them [care workers]."

We looked at six people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked the procedures for recruiting staff. We looked at three staff recruitment records. Each contained all the information required by legislation. They included proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 34 people received a service and 24 care workers were employed. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed sufficient levels of staff were provided to meet people's identified support needs.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear.

Is the service effective?

Our findings

People receiving support told us Serenta Home Care was a reliable service that met their needs. People spoke very highly of their care workers and said they had never had a missed visit or had a staff member they didn't know visiting them. People also told us that their care workers arrived on time and stayed as long as they should, or longer if needed.

Comments included, "I know all of them [care workers]. They were all introduced to me and I can't fault them. They always come on time and stay as long as they should. I have recommended them", "I get sent a list [rota] every week so I know who is coming. They have been good right from the start. I can't fault them at all" and "They [care workers] always ask if I'm all right and if I need anything. I can rely on them. They are lovely people".

Relatives of people receiving support were equally complimentary. They told us the service delivered care in a way that met their relative's individual needs and ensured their health and safety. They told us the service was reliable and they also knew the support workers that would be visiting.

No one had concerns regarding the skill and training care workers had. People receiving support and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "They [care workers] know me really well. They know what help I need" and "They [care workers] are very good."

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on catheter and stoma care. This meant all staff had appropriate skills and knowledge to support people.

Staff told us new staff shadowed a more experienced member of staff before working on their own as part of the registered provider's induction procedures. Staff spoken with said they were up to date with all aspects of training.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed support staff had been provided with regular supervision and an annual appraisal for development and support. All the staff spoken with said they received formal supervisions and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported.

People told us visit times were flexible and did not hinder or restrict access to health care. People's care

plans checked held clear information on health and the staff actions required to support specific conditions. We found examples to show partnership working had had a positive impact on individuals. On one occasion care workers noticed a person's heel was becoming red. They telephoned the manager who advised the person's relative to contact a named district nurse. The same day the district nurse had visited the person and given treatment and advice. On another occasion the service telephoned a person's GP as they had not been drinking as much as they usually did. The GP called later the same day and admitted the person to hospital. The registered manager told us the GP had commended their actions.

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented.

We asked people if they found it easy communicating with the office staff. They told us they had been provided with telephone numbers and could always speak to someone at the office if they needed to. They told us the registered manager was very good at keeping in touch with them. Every person spoken with had met the registered manager and director and knew them by name. They told us the registered manager telephoned them to ask how things were. This showed effective communication between the service, people supported and their relatives.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

People made very positive comments about Serenta Home Care. They told us staff often helped them in extra ways that made a difference to their lives. Comments included, "I'm really happy. I've been with them so long they are part of my family. They do more than they should. I have regular reviews at the doctors and they will call for me in-between their visits to take me. I couldn't get there if it wasn't for them. They are so kind", "It's a small family run firm and you can't beat it. I have nothing but praise for them. They are all very kind and very caring people. It has made such a difference to me. Before I used to worry, but now I'm all right. I'm much happier because I know that [care workers] care about me" and "They [care workers] have become my friends. I think they care about me like family would. They would do anything for me".

One person receiving support told us, "I was out with [name of care worker] at a garden centre recently. A stranger came up to me to ask what company they were because they [care worker] were so nice and caring. They were so impressed with how they [care worker] were with me. They were looking for some help for their mum. I recommended Serenta to them. That shows how good they are".

Relatives of people receiving support spoke very highly of Serenta Home Care. Comments included, "They [care workers] call in on their days off to see how [family member] is. It's like family would do. They really are a Godsend" and "They [the service] are brilliant, excellent. Serenta has been my lifesaver. I can rely on Serenta, they really stop [family member] from going into a home. I know [my parent] is in safe hands. What more can I say? They have saved me as well as [my parent]".

We checked the compliments folder and 'Extra Mile' folder kept at the office. These contained correspondence from people supported, and their relatives, thanking staff and giving examples of when care workers had made a difference. Examples included; a care worker baking a birthday cake for a person supported because they knew the person had no family or friends to celebrate with. A member of staff taking a person's new clothes home to shorten the length on her sewing machine as they were too long for the person to wear. Staff calling every day for a person's newspaper for them because the person couldn't get out of the house unaided. A person's regular carer taking them to frequent hospital appointments even on days off to make sure the person was supported. A care worker organising a person's broken fan being fixed to provide them with relief in hot weather. A member of staff on call, taking a call from the relative of a person who received support, informing them their parent had died. The staff went to sit with them until the early hours of the morning to provide them with company and comfort. A care worker taking homemade cakes and meals to a person receiving support. These examples demonstrated the registered manager, director and staff were highly motivated and offered care and support that was exceptionally compassionate and kind in a way that exceeds expectations. Staff demonstrated a real empathy for the people they care for.

During a home visit one relative told us of a recent emergency, and how grateful they were to Serenta Home Care. A care worker had recently visited their parent to find the shower was leaking and flooding the kitchen. Their parent was unable to deal with this or call for help. The care worker telephoned the office and the director responded immediately to fix the shower and clear up the kitchen. This also showed a very caring

approach.

Staff we spoke with were highly motivated. They could describe how they promoted dignity and respect and were driven by what was right and important for the individual they supported. Staff told us they demonstrated this by their actions and this was evidenced in the examples shown in the 'Extra Mile' folder. For example, taking a person's newspaper to them every day because they knew how important this was for them, and being without it would have a negative impact. Altering a person's clothes so they fit better promoted the person's dignity and had a positive impact on them. Staff gave examples of how they maintained people's dignity whilst providing personal care and this was individual to the person. For example, one person preferred being helped to wash whilst sat in their chair, with a towel covering them, another person preferred staff to wait outside the bathroom until they were ready for support to get out of the bath. Every person receiving support told us staff were respectful and maintained their dignity.

Staff were proud of the service and told us, "I love my job. I'm really proud to work here. We are a good caring company", "I feel lucky to work here, it is so rewarding" and "It's a bit like an extended family. We all know the service users really well and are always introduced before we visit. We can say to people 'see you tomorrow' and know it will be us going. The manager encourages caring". This showed staff understood the importance of building positive relationships with people who used the service to recognise and support their needs and what was important to them. Staff told us one of the strengths of the service was they had time to get to know people because they always visited the same people.

The registered manager and director demonstrated, by example, a clear commitment to promoting a caring culture throughout the service. This was strongly supported by the feedback we received from people who used the service and through discussions with staff members.

People receiving support and their relatives said they had been very involved in writing the support plan. They explained the registered manager had visited them to discuss this and they, or senior staff, regularly asked their opinion to check the support plan was still up to date. People said if any changes were required they only had to tell the care worker or the registered manager and they would update the plan. This showed people had been involved in discussions about their support and important information was available so staff could act on this.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. We found information on advocacy services was provided in the service user guide. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the registered manager or senior staff had visited them in their home to discuss their care needs and agree their care plan before support was provided. People told us they had been consulted by the registered manager or senior staff in subsequent reviews of their care plans. Comments included, "[Name of registered manager] came to see me. We talked about it all. What I wanted and how they could help. They sorted it out for me" and "Staff from the office came out a few weeks ago to talk about my visits. They went through my file with me to check it was all right. I am very happy with them".

People told us they could read their care plans and had access to important information provided in the service user guide. The registered manager confirmed information would be made available in alternative formats, such as large print, if needed to make all information accessible.

We checked six people's care plans, three during visits to people's homes and three at the office visit. We found the care plans seen contained information about the care and support identified as needed. They contained some information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service. This showed equality, diversity, and human rights were recognised and promoted.

The registered manager told us, where a person was supported with end of life care, a multi-disciplinary team of healthcare professionals was involved and worked with the service to plan care and support the person in line with the person's wishes.

People spoken with said the service was responsive to their needs. One relative told us, "[Family member wasn't eating very well. We phoned them and straight away they changed the afternoon visit time to a bit later. [Name of person supported] is eating much better now. I was really grateful".

People told us they could speak to their care workers if they had any worries. One person told us, "I've got no worries at all, I can talk to any of them [staff]". Another person told us, "I don't have any complaints at all, but they [staff] are always at the end of a phone. I can always talk to [name of registered manager and

director].

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

We saw a system was in place to respond to complaints. We checked the complaints record and found sections to record the action taken in response to a complaint and the outcome of the complaint. This showed any concerns or complaints received would be listened to and taken seriously. The registered manager informed us the service had no complaints.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

Is the service well-led?

Our findings

The manager was registered with CQC.

There was a clear management structure including a registered manager and director who had been in post since the service began operating. People receiving support, their relatives and staff were fully aware of the roles and responsibilities of managers' and the lines of accountability.

The registered manager and director were excellent role models, who actively sought and acted on the views of people. They had developed and sustained a positive culture at the service. Without exception people using the service, their relatives and staff all spoke very highly of the registered manager and director.

People receiving support and their relatives told us they knew the registered manager and director and found them very supportive and approachable. Comments included, "[Names of registered manager and director] are smashing, really good. Nothing is too much trouble. They come and see me and call me on the phone. They let me know about things, and get me help from other people, like my doctor. I can't fault them", "They [registered manager and director] are great. I think it's because it's a small family run company. We feel part of the family now. It gives me peace of mind" and "They make a difference. If I need them I can always ring up and they are always happy to talk to me".

We found the registered manager and director had developed a culture where people using the service also felt involved and valued. Examples of how this positive culture was promoted included people being actively involved in the Oscars, (One person receiving support very proudly showed us the Oscar they had won for the best sweetie drawer). Being involved in fundraising charity events with staff such as wearing pink to raise funds for breast cancer, and celebrating red nose day together. In addition, people using the service were encouraged to vote for staff in various award schemes so that they felt their opinion mattered. People told us they had been invited to the directors wedding, and this had meant a lot to them. People were telephoned a minimum of every month by managers at the service to check how they were doing and to obtain their views of the service provided. These examples demonstrated people were actively encouraged to be involved.

The director accompanied us on home visits. It was evident the director knew people very well. He was greeted very warmly by the people we visited, and their relatives. Without exception, people said they felt involved and cared for. People felt they mattered.

Staff were equally very positive about the management of the service. There was evidence of an open and inclusive culture that reflected the values of the service. Every member of staff, irrespective of their role, said they felt valued by the registered manager and director. This was further evidenced in the sense of pride staff had in their job and the service. Their comments included, "I love my job. I feel proud to say I work for Serenta", "I don't just feel proud, I feel lucky to work here", "We are all valued, everybody works together". They said the registered manager was approachable and commented, "[Name of registered manager] is

brilliant [name of director] is as well. They are very supportive" and "She is a great manager and always supportive". Examples provided in the 'Extra Miles' folder showed the caring culture promoted by the registered provider was embedded in practice. These included staff calling every day for a person's newspaper for them because the person couldn't get out of the house unaided. The provider reorganising the rota so that a person's regular carer could take them to frequent hospital appointments, to make sure the person was supported. A care worker organising a person's broken fan being fixed to provide them with relief in hot weather. Further examples are provided in the Caring section of this report.

Staff told us and records showed monthly staff meetings were held to share information. Staff told us if they were unable to attend the registered manager would update them and a copy of the minutes would be provided. All the staff said communication was excellent and they were encouraged to contribute to meetings.

The service had an out of hours on call system so any emergencies could be dealt with. People receiving support, their relatives and staff confirmed there was always someone available to give advice when needed.

We found the registered manager and director had developed innovative ways of promoting and encouraging a positive culture that helped staff develop a real sense of commitment and feel valued. Examples included; The employee of the month award where staff and people using the service were encouraged to vote for winners. The Oscars, a planned annual social event involving staff and people using the service to celebrate achievement. Both staff and people using the service could win an Oscar (including most organised, best ideas, for being friendly). A staff bonus scheme to recognise commitment, a bonus of £500, £200 and £100 was paid to staff every six months.

We found strong evidence of community links and partnership working. The director had developed a relationship with the cities GP collaborative (a group of approximately 80 GP's) to discuss and improve medicines administration for domiciliary care agencies. The service had good relationships with district nurses and had organised staff training on pressure area awareness. The registered manager contacted district nurses to discuss any potential issues.

The team leader of a district nurse team commented "We have worked with the staff at Serenta Homecare for a number of years; many of our clients have care provided by the company. I have always found the staff and management to be friendly, helpful and professional in all aspects of their business. [The registered manager and director] run a well organised and friendly team and I am always impressed by the "family feel" to their work and their attitude to staff and patients. The carers work hard in often challenging circumstances and the level of care given in my experience is to a very high standard. To conclude I am very happy with Serenta as a care company and I feel the level of care they offer their clients is excellent."

The service had worked with South Yorkshire Fire and Rescue service and joined their Safe and Well scheme, which is an initiative to promote fire safety in people's homes. This meant that the service could make urgent referrals to the fire service if they felt there was a fire safety risk which compromised a person's safety in their property. These examples demonstrated a positive impact on people, as they addressed and minimised potential risk. The service had developed a relationship with a primary school who sent Christmas cards to Serenta Homecare service users. This also had a positive impact on people.

We found examples of innovative practice to improve service delivery. The director had developed a medicines application for use on staff mobile phones that improved practice. He was working with the local authority pilots team to explore ways in which more people could benefit from this. The registered manager

told us that since this system had been introduced, no medication errors had occurred. In addition, a staff personal safety application had been developed so that care workers could raise an alert if needed, which would automatically alert the staff on call. Staff were also provided with a personal alarm, winter coats and torches for their safety.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed senior staff undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support.

The audits and spot checks seen identified the actions taken to resolve any issues identified. We found the registered manager undertook audits and questioned practice so gaps could be identified and improvements made. We found audits of care records and spot checks were undertaken by the registered manager and any issues were acted on.

Monthly telephone surveys were undertaken to obtain and act on people's views. This showed effective systems were in place to monitor the quality and safety of the service.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.