

Serve Home Care Ltd.

# Serve Homecare

## Inspection report

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Date of inspection visit:  
14 September 2021

Date of publication:  
20 October 2021

### 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

Serve Homecare is a domiciliary care service providing personal care and support to 36 people at the time of the inspection.

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

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

People felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were completed. Medicines were managed well, and staff knew how to report any concerns about a person's safety or welfare. People told us staff arrived for visits when they should and stayed for the required time.

Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the management team. People told us staff assisted them with eating and drinking as needed and respected their preferences and choices. People were asked for their consent for support and the principles of the Mental Capacity Act were followed.

People and relatives told us staff were kind and caring and made their lives better. Staff enjoyed working for the service and told us the culture was to promote person centred care. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, relatives and staff were asked for their views about the service and felt listened to. There were robust monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development. The manager was in the process of registering at the service. They were also a director of the company but had taken the role on to embed good practice while they recruited a manager to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 10/07/2020 and this is the first inspection.

### Why we inspected

This inspection was carried out to check 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 Care Act 2014.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well led.

Good ●

# Serve Homecare

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken 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.

The service had a manager who had applied to be registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 14 September 2021 and ended on 11 October 2021. We visited the office location on 14 September 2021.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people who used the service and 12 relatives about their experience of the care provided. We spoke with the manager, one of the directors and received feedback from three staff members. We reviewed a range of records. This included three people's care records and 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe receiving support from the service. One person said, "Honestly, I am not just gushing I have nothing but good to say about them."
- Safeguarding incidents were reported to CQC when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the service or externally. Staff felt they could raise any concerns with the management team.

Assessing risk, safety monitoring and management

- People and relatives told us they felt staff worked safely. One person said, "They are so careful, they don't skimp on anything."
- People's individual risks were assessed and reviewed. Other risks, such as environmental risks which included general household risks were also considered. For example, where there was no carbon monoxide detector fitted. Reviews and updates of risk assessments were completed when needed.
- People, relatives and staff told us that the management team regularly checked staff were working safely. One person said, "[Manager] visits regularly just to say hello and the owner assists, it makes you feel very safe in their hands, they care."
- Staff were aware of people's individual risks. For example, one person could not have a mobile phone near a medical device and the person's relative told us staff always respected this.

Staffing and recruitment

- There were enough staff available to meet their needs. People and relatives told us there had not been any missed care visits and records showed staff provided people's care within agreed timeframes. One person told us that they had an earlier call that day as they had a hospital appointment. The person said nothing was too much trouble for the staff team.
- People and relatives also told us the management and staff went above and beyond. One person said, "Staff are very, very good and very flexible. When I first had my [health condition] I had accidents when I rang the office, they said someone would come out immediately and sort me out. [Manager] came out and rescued me on more than one occasion."
- The service followed a recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff

completed competency assessments and additional training if needed.

- Staff supported some people with administering their medicines and prompted others to take theirs as needed. One person said, "[Staff] are very good with the medication very stringent which I applaud." A relative said, "[Staff] are very trustworthy and administer the correct amount of medicines."
- The management team carried out spot checks and audits to help ensure medicines were managed safely.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance. People told us that staff used their personal protective equipment (PPE) and washed their hands when they arrived.
- Staff told us they had access to a good supply of personal protective equipment (PPE). They were clear on what was needed to promote good infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly.
- There was a policy and risk assessment in place to provide guidance during the COVID-19 pandemic.

#### Learning lessons when things go wrong

- The provider had systems to help ensure learning from events, incidents or accidents.
- The learning from these events was shared with staff during training, supervision meetings and staff memos. One staff member said, "We are kept up to date with weekly email on policies and we have a chat room we can go on that we can raise concerns or any changes are put on here as they happen or changes and our manager also calls us too."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed before they started using the service. Assessments included people's individual needs, risks and preferences.
- People and their relatives told us the service was well prepared to meet their needs. A staff member said, "The needs of the people we support are met, if we have any issue we raise these with our manager who deals with it straight away and ensures that people are safe at all times."
- A member of the management team checked in with people to ensure the planned care package was working well and if they had any suggestions to improve it.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained and knowledgeable for their role. A relative said, "[Staff] are more than satisfactory they are so good."
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. One staff member said, "At my interview I asked if there was training I could do to expand my knowledge and without any hesitation I was told yes." The staff member told us additional training was arranged as requested.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role. Staff told us they felt well supported. One staff member said, "The support that is given by the service goes well above and beyond what I expected it to be which makes working for Serve [Homecare] enjoyable and a fantastic company to work for."
- New staff had a full induction. This included training, shadowing experienced staff members and reading the care plans of people they would be supporting.

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

- People and their relatives said staff supported them well with eating and drinking. A relative told us, "[Family member] wasn't eating or drinking before they started using the service. [Staff] are trying everything possible."
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.

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

- Staff supported people to access health or social care professionals as needed. Relatives told us they trusted the staff team to always seek prompt and appropriate support or attend appointments with their

family members. One relative said, "[Staff] act quickly and get advice from a G.P. or get [family member] into hospital, keeping us informed."

- Relatives told us that staff were aware of any health needs a person had and took appropriate action to help ensure these needs were met. One relative told us that a Health professional] supplied equipment for their family member which was not working well. The staff member spoke with them about this and they were now going to change the equipment so it works better for their family member."

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

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

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

- People and relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to care, records and sharing of information.
- People had mental capacity assessments completed when needed. Where relatives had power of attorney, a copy of this was sought by the provider to ensure they had the appropriate authority to make decisions.
- Staff received training in the MCA and knew how to put this into practice.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives told us that staff always treated people well and they felt respected. One person told us, "[Staff] always say 'please' and 'thank you' and 'would you like me to do this.' They never take it for granted." A relative told us, "My [family member] has great difficulty communicating. [Staff] have broken through the barrier and found a way of communicating with them and they take care of all their needs. They now live in independent living with staff support. They are very happy with staff and they have become [family member's] friends."
- People were supported by staff who had taken the time to get to know them well. One relative said, "[Staff] are friendly, and they chat away. [The care provided] has helped so much. [Staff] listen to their stories of growing up in [country]. They have given [family member] their independence again. In a very short time, they built up a good relationship."
- Staff told us they were encouraged to get to know people and what was important to them. They told us there was time to spend with people and making sure they had what they needed, in a way they chose. One staff member said, "I pride myself with providing the best person-centred care and individual needs. All the carers within the company also do this."

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

- People and their relatives told us they were involved in decisions about their care and were listened to. A relative told us they were meeting with the manager to go through their family member's care plan to reflect their changing needs.
- People's care plans included a clear record of people's involvement, preferences and choices. Plans were detailed in relation to specific requests and life choices which people told us staff were aware of.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said that staff promoted people's privacy, dignity and independence. People told us what a difference the service had made to them.
- One relative told us, "I cannot praise [Staff] enough. They have the utmost respect for [family member] and for all of us."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were happy with the care they received and felt they were supported in their chosen way. One person said, "[Staff] go over and beyond, they are all friendly. I suppose I have care from a team of about ten. I know them all." A relative said, "The care staff have been excellent in terms of understanding [family member's] needs and taking action when needed." Another relative said, "The care is so different, my stress levels have dropped considerably. I know [family member] is being looked after."
- Care plans were detailed and gave clear information to staff so they could support people safely and appropriately. These plans and care notes were accessible through an electronic system that prompted staff to ensure all planned care was given. One relative said, "With regard to [family member's] personal requirements, their medical needs and hygiene etc; they are all met."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs were discussed as part of the assessment process. Documentation could be presented in large print, easy-read format or the person's preferred language as needed. The manager told us, "All Serve Homecare forms are held electronically and can be translated if needed, if a client's first language had not been English our information can be converted into multiple languages electronically, Serve Homecare would ensure that we have these needs recorded before commencement of care to ensure that we could facilitate their needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people in a way that made them feel connected to others and helped them feel good. One relative said, "[Staff] talk and chat away, they sing if [family member] sings. It is lovely to hear them do a good thorough job." Another relative said, "[Staff] really do care for [family member], they are laughing again, putting on weight and telling jokes and they love the banter."
- Staff also supported people to enjoy things important to them and promote relationships. A relative said, "[Staff] even fetch fish and chips on a Friday night if I am away. nothing is too much trouble for them." Another relative said, "[Staff] offer my [family member who is not receiving care] a cup of tea when they are there looking after [person]. This all means so much to us as family."

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints, but all said they would be confident to do so if the need arose. One person said, "If you need something just let [manager] know."
- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved. However, there had been no recent complaints. Minor points were managed through the quality assurance process.

#### End of life care and support

- At times the staff team supported people at the end of their life. Staff engaged with visiting healthcare professionals to ensure people's needs were met. Staff were trained so they knew how to support people at the end of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The manager had a good knowledge base to use in their role. They told us they were committed to providing a good service and they were passionate about how they provided care for people.
- People and relatives said the manager was approachable, friendly and helpful. They told us that as the management team had previously been carers this very much reflected in their approach and the running of the service.
- People and relatives stated they always knew who was coming through the door in the morning, staff were always on time and they were exceptional in the way they provided the service. A relative said, "No words can express the gratitude we have, the piece of mind knowing [family member] is safe and happy."
- Staff told us the service had a person-centred approach and they enjoyed working for Serve Homecare. A staff member told us, "The service is run very well with lots of communication between us all which is great."

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

- The manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their openness.
- People and relatives also felt the management team was open and approachable. One relative said, "[Manager] are as good as gold, any issues or problems, they come straight through to us. They deal with it, update us, and keep us informed and up to date at all times." Another relative said, "Anything and everything is written down so you can track anything, mood, skin care, medication, it's all there."
- The manager had regular contact with people, relatives and staff to help ensure people knew they could speak with them.
- The manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable.
- There were audits across all key areas of the service. For example, COVID-19, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas needing addressing.

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

- People and their relatives were positive about how the manager and staff team engaged with them and

they felt their views were listened to. One relative said, "[Staff] keep in touch and care for the whole family." Another relative said, "Communication is the key and [staff] are very good at it. Two-way communication and being kept up to date makes all the difference. Its excellent."

- People's feedback was sought through quality assurance calls or visits with the management team. The feedback was collated so any actions could be addressed.
- Staff feedback was sought through meetings and observed practice sessions with the manager. Staff were positive about the service and the management team.

#### Continuous learning and improving care

- The management team were looking for ways to further improve the service. They arranged additional training for staff to help build their knowledge and skills. One staff member said, "Serve [Homecare] are always finding ways to improve the service by listening to staff and acting on this."

#### Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. For example, social care professionals and nursing and specialist healthcare teams. One relative said, "They work alongside the physiotherapist and my [family member] is now standing up again."