

Serenity Healthcare Services Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Serenity Healthcare Services is a domiciliary care agency providing personal care to people in their own homes. Following registration with the Care Quality Commission in March 2020 the service went into a period of dormancy and did not provide care to any service users. However, from September 2021 the service became active again. At the time of our inspection there was one person receiving personal care from the service. Serenity Healthcare Services also provides care staff for other care settings, such as residential homes. This part of the service is not regulated by the Care Quality Commission so was therefore not included in our inspection.

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

The one person who received support from the service spoke very highly about the organisation and its staff. They told us they were treated with kindness and compassion.

Staff had received training in safeguarding adults and children and knew how to keep people safe. The service had recruitment processes in place to ensure suitable staff were employed. Staff followed safe infection control practices.

Staff had received a range of training to give them the skills knowledge to care for people in their own homes. The registered manager supported staff through regular supervision meetings.

Care plans were person-centred. However, improvements were needed to care documentation to ensure the daily records accurately reflected care that had been provided. The service had yet to implement a proper auditing process.

We have made a recommendation that the service review its care documentation and auditing process.

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

This service was registered with us on 24 March 2020. This is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Serenity Healthcare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

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 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

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 or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February 2022 when we visited the service office and ended on 25 February 2022.

What we did before the inspection

We reviewed the small amount of information we had received about the service since registration. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke with the relative of the one person who used the service, about their experience of the care provided. We spoke with the registered manager and with the one member of staff who was providing care. We reviewed the care plans and risk assessments of the one person who used the service. We reviewed one staff file to look at the recruitment process. We also looked at the staff training and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 of 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

- The relative of the person using the service told us they felt happy with the care provided by Serenity Healthcare Services. Comments included, "We are more than happy. They are a godsend."
- There were systems in place to help protect people from abuse. Staff had received training in safeguarding vulnerable adults and children and were able to tell us what they would do if they had safeguarding concerns about anyone using the service or staff.
- There was a system in place to keep a record of safeguarding concerns and report them to the local authority, although the service had not yet had to do this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to the health and well-being of the person who used the service had been assessed and actioned.
- Potential environmental risks in the person's home had been checked to ensure staff were safe to work there.
- Risk assessments were reviewed as required, in response to the person's changing needs.
- The service had a system for recording and investigating any accidents, incidents or complaints. However, none had occurred since the service commenced operating.
- The service office was well-maintained and portable appliance testing (PAT) of office equipment was up to date.

Staffing and recruitment

- Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service was very small and had not yet expanded to include a larger number of people using the service, or a larger staff group to provide care at home. At the time of the inspection only one person was in receipt of a regulated activity and they received their care predominantly from one member of staff.
- The service also employed and trained care staff to work in residential and nursing homes. This part of the service is not regulated by the CQC, so was not included in this inspection. However, the registered manager told us this group of staff could be used to provide care to people in their homes if the service expanded.

Preventing and controlling infection

- The relative of the person who used the service told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.

- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office.

Using medicines safely

- The service was not supporting anyone with their medicines, so we were unable to inspect this aspect of the 'safe' key question.

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

- A full assessment had been completed, which provided the service with detailed information about the person's care needs. Care plans and risk assessments had been devised using this information.
- The relative of the person using the service told us they were involved in discussions about the care package.
- The service policies and procedures were up to date and provided staff with guidance around best practice in care provision.

Staff support: induction, training, skills and experience

- Staff had received training, both on-line and in person, in a range of appropriate topics relevant to health and social care.
- The service maintained a training matrix which helped the registered manager monitor when staff refresher training was needed.
- The registered manager supported staff through regular supervision meetings and informal discussions. She told us, "I try to build confidence and trust with staff and promote a good atmosphere."
- Newly recruited staff completed an induction process to prepare them for working in the service.

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

- The service was not supporting anyone with their meals or drinks. However, this was an aspect of personal care that the service could provide in the future, if required.
- Food and drink preferences were recorded in care files as part of the overall assessment process.
- Staff had received training in nutrition to help them understand the importance of maintaining a healthy diet and adequate fluid intake.

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

- Due to the small nature of the service, which supported only one person at the time of our inspection, a staff call-monitoring system was not in use. However, the time and length of the care visit was recorded in the care file. The registered manager was aware that different electronic call monitoring systems were available and told us they would introduce one when the service expanded and there was a need for this type of monitoring.
- The relative of the person who used the service told us staff were punctual and reliable, commenting, "He doesn't let me down. You can always rely on him."

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 received training in the MCA.
- The support worker we spoke with understood the importance of obtaining consent before undertaking any personal care. They told us, "I always ask before I do anything."

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

- The relative we spoke with was very complimentary about the care provided by staff and told us they had developed a good relationship with them. They told us they were treated with compassion and kindness, commenting, "They will go out of their way to help."
- Staff had received training in diversity and inclusion. The service had an appropriate policy in place to provide staff with information and guidance.

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

- The relative we spoke with confirmed that they were had been involved in devising a care plan and that they and the person receiving support were fully consulted about all aspects of their on-going care. They told us, "They always ask [name] what he wants."

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's dignity, privacy and independence were promoted.
- The relative we spoke with told us personal care was provided in a dignified manner, explaining that staff always closed the curtains to ensure privacy was maintained.

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

- The person who used the service had care plans which described how they wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- The relative of the person who used the service told us they were happy with the care provided by Serenity Healthcare Services and felt involved and included in care planning and delivery. They told us, "We have very good communication."
- Daily notes, where staff recorded what care had been provided during visits were poorly written, as they did not provide enough detail, and some were illegible. We discussed ways these could be improved with the registered manager and with the relevant member of staff. Please see the well-led section of this report for further detail.

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.

- Care records for the person who used the service demonstrated the provider identified and documented any communication impairment. Policies were in place to ensure staff and people who used the service were able to access relevant information in a way they could understand.

Improving care quality in response to complaints or concerns

- The relative of the person who used the service told us they had not had any cause to complain about the care and support provided by Serenity Healthcare Services, although they knew how to if it was necessary.
- The service had a complaints policy and process to be followed if a complaint was received. However, the service had not received any complaints to date.

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 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; Continuous learning and improving care

- Improvements were needed in the way daily care records were completed, as information was not detailed enough and did not provide a clear picture of the care and support given by staff. For example, some records only said, 'Got [person] up' or 'put [person] to bed', with no further information about how the care had been provided.
- The registered manager had not implemented a system for auditing documentation. Consequently, poor record keeping in the daily notes had not been identified. They explained this was because the service had not long been operating again and more time was needed to implement and embed an audit process within the service.

We recommend the service review its record keeping and auditing process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, who was a registered nurse, described their vision for the service. They told us how their own personal experience had influenced their aspiration to run a domiciliary care agency and provide person-centred care.
- At the time of the inspection, questionnaires asking for feedback from people, relatives and staff had not been issued. This was due to the service only being open a short time. However, the relative of the person who used the service told us they were frequently asked if they were happy with the service. They told us, "We have very good communication. If there a problem, we talk."
- Weekly staff meetings had been re-introduced following the re-opening of the office after the pandemic lockdown had ended.

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 service had not had any safeguarding concerns, accidents or incidents. However, the registered manager demonstrated their knowledge of how they would manage such incidents and who they would report them to.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

- The registered manager understood the importance of sharing information with people and their loved ones with their consent.