The Serenity Care Company Limited

North Warren House

Inspection report

North Warren Road
Gainsborough
Lincolnshire
DN21 2TU

Tel: 01427612171

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 15 September 2016 and was unannounced. North Warren House provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 15 people who require personal and nursing care. At the time of our inspection there were 13 people living at the home. It also provides a personal care service to people living in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated regulations.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines records did not consistently confirm that medicines were administered as prescribed. Medication administration sheets (MARS) were not always fully completed.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. Risk assessments were completed in the residential home however there were gaps in risk assessments for people using the homecare service. People had access to healthcare professionals such as the GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. It was not easy for people to make choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were usually sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. Staff had not received regular formal supervision but felt supported in their roles.

Staff obtained people's consent before providing care to them. People were provided with access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out and action plans were in place to address any issues which were identified. Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Records did not consistently confirm that medicines were administered as prescribed. Medicine administration sheets were not fully completed. Medicines were stored safely.

Risk assessments were not completed consistently.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Good

The service was effective.

Staff received training and felt supported in their roles.

People had their nutritional needs met. People had access to a range of healthcare.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

Good

The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

North Warren House

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 was planned to check 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 15 September 2016 and was unannounced. 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the manager of the homecare service, six people who lived at the home, four relatives, the activities coordinator and three care staff. We also spoke with two people who used the homecare service and two relatives of people who used the homecare service by telephone.

We looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We observed the medicine round and saw that medicines were not consistently administered and handled safely. One person who liked to get up late was regularly given their morning medicines at lunchtime this meant they were not getting their medicines as prescribed. A risk assessment was not in place and care records did not detail this. Where people were prescribed a variable dose of medicines according to their needs, for example, one or two tablets, staff were not consistently recording what dosage had been given. In two medicine administration records we found that it was not clear whether paracetamol should be given on a regular or as required basis. These shortfalls had increased the risk of people being offered more medicine than had been prescribed for them.

We saw that the medication administration records (MARS) for August to September 2016 had not been fully completed in accordance with the provider's policy and guidance. We found gaps where it was not clear whether or not medicines had been administered in eleven of the records we looked at. There were more than three gaps in four of the medicine records we looked at. There was a risk that people were not getting their medicines as prescribed.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. When we checked medicines which require special storage we found that one of the medicines was out of date. We saw this medicine had not been used and was removed from use.

Identification sheets in the medicine documentation included allergies which meant that staff could easily check that people were not allergic to prescribed medicines. These sheets also included any special issues regarding the administration of medicines. However we saw where two people had specific issues such as having their medicines late and having medicines in food these were not included on the sheet. This increased the risk that some medicines might not be administered in the right way.

We observed staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. People were asked if they required their as required (PRN) medicines such as painkillers. Where people required PRN medicines guidance was in place so that staff understood when it was appropriate to administer these medicines. Where people required their medicines to be given in their meals (covert medicines) this was documented and discussions had taken place with the GP and with the pharmacist to ensure that the medicines efficacy was not affected by being given in food.

Risk assessments were in place for issues such as falls, nutrition and skin care. However we saw that there was not a comprehensive use of risk assessments within the homecare service. For example, a person received support with their meals and was at risk of choking but a risk assessment had not been completed. This increased the risk that staff would not know how best to support the person to eat their meals safely by reducing the risk of them choking. We spoke with the manager of the homecare service who told us that they were in the process of developing these.

During our inspection we observed there were some areas of the home which required refurbishment. For example, there was a stain on a carpet where the radiator had leaked and wallpaper torn around the radiator. Although the home was clean we observed some issues regarding the prevention of infection. We saw that light pulls in bathroom areas were dirty and uncovered which meant they could not be cleaned easily. We also observed that a number of bins which were in use in bathroom areas had broken lids and were open. There was a risk of cross infection. We saw these issues had been identified in the infection control audit carried out on 16 July 2016 and were being addressed.

We looked in the laundry and saw that clean and dirty areas were not clearly marked. We observed clean items of laundry were hung close to dirty laundry. In addition soiled laundry was being stored in bins with open sides. There was a risk of cross infection. We observed this issue had been identified in the infection control audit and new storage bins ordered. We saw a number of cleaning fluids which would not usually be stored in the laundry area were being kept in an open basket on a shelf. The door of the laundry was unlocked and people had access to it which meant people who lived at the home could access these chemicals inappropriately. We spoke with the registered manager who told us they were in the process of installing a cupboard in the garage to store these items securely.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "There is always someone around I only have to buzz, it is very homely." Another person said, "I do feel safe the staff keep me safe." A relative told us, "We used the domiciliary side but things got too difficult for dad to manage so we have mum here now and I know they are both safe."

Whilst walking around we noted buzzers going off and being answered quite rapidly. Most people we spoke with told us they did not have long to wait for staff if they did press their buzzer. However two people said they felt that staff were sometimes stretched to answer buzzers and would sometimes try and deal with several situations together. One person explained, "I rang this morning and was helped onto the commode then they [staff] had to leave me to deal with some other people, I think three or four so by the time they came back I was very uncomfortable. It used to be when I rang they just dealt with me." A relative also felt there had been quite a change in how busy the staff were over the last year or so and this had affected how care was delivered. During our observation of lunch one member of staff had to stop serving and take someone out of the room. As the other member of staff was out of the room delivering lunch to people's rooms it meant that the food was left and people who had not yet got their lunch had to wait.

People who used the home care service told us they felt there were enough staff to meet their needs. Staff in the residential home told us that there was usually enough staff to provide safe care to people. The registered manager told us that some staff worked across both the residential and homecare service which meant that they did not have to use agency staff. One relative told us that they worried about this arrangement and whether or not staff had the appropriate knowledge to care for people. The registered manager said that they were trying to ensure that this was a small group of staff who worked across services on a regular basis so that they understood the needs of people in each service.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns however one staff member we spoke with was unsure about the process for reporting outside of the organisation. For example, to the local authority. They told us that

they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. The plans detailed how to support people both physically and emotionally in the event of an emergency situation.

Good

Is the service effective?

Our findings

People who used the service told us that they enjoyed the food at the home. One person said, "The food is very good although I don't know what I am having until I get it." One person told us they had curry regularly because it was their favourite meal and they chose to have it. A menu was not available for people to see what was available and assist them to make choices at mealtimes. We did not see people having different meals at lunchtime however staff told us that people were offered a choice. We saw that choices were available at teatime.

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. Where people required specialist utensils this was detailed in the care records and we saw that people had access to these. During our inspection we observed people had snacks and drinks available to them in between meals.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. We observed people were offered drinks during the day according to their assessed needs and records of food and fluid intake were maintained appropriately.

Staff were familiar with people's needs in the residential home. We observed that staff had the appropriate skills to provide care to people for example, when supporting people to move. The people we spoke with who used the homecare service said they thought staff had skills to care for them. One person said, "They know what they're doing, they're very caring." Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as dementia care.

The registered manager told us and we saw that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national guidelines.

Although the system of formal supervision required improvement so that it extended to all staff, staff we spoke with confirmed that they were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received support but had not had formal supervision. We observed that supervision had been provided to a small number of staff in the residential home by the registered manager but the majority of staff had not received this on a regular basis. Supervision is important because it helps staff to evaluate their performance and receive feedback from their manager to ensure they have the skills to provide the correct care to people.The manager of the homecare service had carried out observational supervision with staff.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. We observed that people were asked for their consent before care was provided. Records included completed consent forms such as consent to photography. Where people were unable to consent this was detailed in the care records and arrangements put in place to ensure that care was provided in their best interest. Staff were able to tell us what they would do if people declined care.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. At the time of our inspection no one was subject to a DoLS authorisation. An application had been made previously for a person but at the time this had not been authorised. We saw that the appropriate paperwork for this had been completed and the CQC had been notified.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person said, "The staff are very kind and considerate." Another person told us, "I am happy and content here. Put it this way I wouldn't want to go back home." There was a good rapport with people and we observed staff share a joke with people, when they were providing support to them.

A relative said, "We are really pleased with the care, it's all very good, brilliant. We get looked after as a family nothing is too much trouble." Another relative told us, "It's very homely here." They said their family member had previously been to another home but had not been happy there but that they were doing 'really well here'. They said, "Getting on with staff is a big plus, they will sit and talk to them."

Another relative told us, "There are some really good carers although some stand out more than others. There are some little niggles like not putting the drink near enough for mum to reach. I think they don't always think about what they are doing."

People were involved in deciding how their care was provided and we observed that staff were aware of respecting people's needs and wishes. For example, a care record stated that a person did not like using the hoist and explained what other equipment could be used which the person was more comfortable with. Another record explained that the person liked to comb their own hair. One person told us they liked to get up really early in the morning and have a shower and that the night staff supported them with this. Another person said, "I get up when I want. I can come and go as I like."

People were supported to maintain their independence if they wished. For example, a person was supported to administer their own medicines. Another person liked to clean their own room and staff supported them with this. One relative told us how their family member had improved since being at the home. They told us that their relative had been unable to get out of bed when they were first admitted and was now doing so.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, a person was partially sighted and we observed staff administered medicines as detailed in their care record so that they were able to participate in taking their medicines. Staff put the tablets in front of them on the table and guided their hand to them. When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them.

People who used the service told us that staff treated them well and respected their privacy. For example, a person was due to be seen by the district nurse and staff asked them where they would prefer to go. People told us and we observed that staff knocked on their bedroom doors. However two people told us they felt

that sometimes staff would knock and just walk in without waiting to be asked. We mentioned this to the registered manager who said they would address this with staff. We saw that when staff offered people support with their personal care they did this discreetly. Staff understood the need for confidentiality. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. People told us they enjoyed the activities that were available in the home. There was a board displaying the weekly activities in the dining room. During our inspection we observed people having their nails painted and participating in a sensory activity. A relative said, "There is certainly more to do now [activities co-ordinator]) has come, she is very good with my [family member] as they can't really join in with most things. There is a memory box we have put together and [staff] will sit and go through that often with [my family member]. It is lovely to see [my family member] recognise some things." Another person said, "[name of activities co-ordinator] keeps me busy. I am doing some knitting for her at the moment. I knit squares I think she is going to make some animals, either that or a blanket."

We saw that there had been trips to local amenities such as the local coffee shop and to a centre next door. People from the centre had been invited to North Warren House and people from the home had gone to the centre for coffee. Church services were also held within the home for people who wanted to attend them. There was also a small garden where some people had planted seeds. We saw a photograph of a person stood by the sunflowers they had planted and on the day of our inspection people were having chard for lunch that was freshly picked from the garden.

The activities co-ordinator told us that they kept records about how engaged people were with a particular activity. They said this helped to design a meaningful programme to suit everyone. They said, "I sometimes work with groups or one on one it depends who I am working with and how they respond." A person who had liked motorbikes told us that staff arranged for a motorbike to be brought in when they had an Easter Fayre. The person was partially sighted but they told us they were able to touch it and it brought back happy memories.

Relatives and people who used the service told us that they were aware of their care plan. We looked at care records for four people who lived at the home and two people who received homecare support. Care records were personalised and included information about people's life history and experiences. This is important because it helps staff to understand people's needs and wishes. For example, a record stated that a person enjoyed completing word searches and knitting. We observed that they had knitting available to them in the lounge area and saw that a knitting group had been set up. Care records included what people could do and what support people required. Care plans had been reviewed on a regular basis and where changes had occurred between reviews this was included.

People were involved in making decisions about their care and how it was provided, for example a person had been involved in the recruitment of staff to ensure that people who lived at the home had a say in who provided their care. Three out the four people we spoke with, who received homecare said that having different staff was not a problem for them and although not a huge problem the other person felt they would prefer to have more regular staff. The manager of the homecare service told us the new system would address this issue and provide more continuity of staff for people. They said the system which was being implemented to manage rotas ensured that staff were allocated to people on a regular basis which meant that people were able to choose a team of people to provide support to them. Two people who received

care from the homecare service told us they regularly looked at their care plan and could see what care staff had carried out and that they had signed it. One person said, "I have looked at the book and it's a true record of what is going on. I remember signing it at the beginning when we talked about what I needed." Another person said, "I look at my care plan regularly. The staff record arrival and departure times in there too."

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. One relative told us, "I am very happy with the care. I am very hands on and the staff are happy to support my looking after my mum, we work together." Another relative told us, "I can't find fault with them. One thing I like is they always ask how I am. They always say goodbye and check if I need anything before they leave."

A complaints policy and procedure was in place and on display in the foyer area. A copy of the complaints policy was also included in information given to people and their relatives when they first came to the home. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. One person said, "I have no complaints I get on well with all of them. All the staff are very good. I can't think of anything they could do better". At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format which meant that only people who could read were able to access it. However we saw that where reviews had been held with people they had been encouraged to raise any concerns or complaints. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

There was an internal audit system in place to check how well the service was being provided. Checks were carried out on areas such as infection control and medicines. Medicine audits were carried out on a weekly basis and were due to be carried out on the day of our inspection. Two members of senior care staff worked as additional numbers so that they had time to carry out the audit. We saw that action plans were in place, for example, a previous audit had identified the need for a risk assessment to be in place for a person who administered their own medicines and this had been completed. We saw the infection control audit had identified the issues we raise at this inspection and actions were in place to address these.

The registered manager and manager of the homecare service had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. During our inspection we observed that all the staff on duty provided support to people if they required it including the registered manager and the manager of the homecare service. We observed on one occasion staff needed additional support to provide care to people and the homecare manager assisted them.

Members of staff, people and relatives told us that the registered manager and other senior staff were approachable and supportive. A relative said, "All of them [owners and managers] are very approachable I can bring anything up and I know it will be sorted out." Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged.

Staff told us they understood their roles and felt they were supported to carry them out. There had recently been an increase in management hours in order to ensure that both the residential services and the homecare service had sufficient support to ensure the delivery of good quality services. There were plans to further develop the services, for example, the roll out of an electronic system for planning homecare was planned for September 2016.

Surveys had not been carried out with people and their relatives to measure their experience of the services. The manager of homecare services told us that they were planning to carry out a survey but that they regularly visited people in their homes and observed how staff delivered care. There was no documentation relating to these visits apart from diary entries. Therefore, it was more difficult for them to assess the quality of care people received. The registered manager told us that they encouraged people and staff to come and speak with them at any time and that they had an 'open door' policy. Regular meetings were held with people and their relatives we saw that issues such as activities and the fabric of the building had been discussed at meetings.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the

provider is required to tell us about.