The Serenity Care Company Limited

North Warren House

Inspection report

North Warren Road
Gainsborough
Lincolnshire
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Tel: 01427612171

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11October 2017 and was unannounced. At our last inspection the overall rating for North warren house was 'good'. The safe domain was rated as 'requires improvement'. North Warren House provides residential care for people who are 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 15 people living at the home. It also provides personal care in people's homes to older people and people living with physical and mental disabilities.

There were two registered managers in post. One for the residential home and another for the homecare service. 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 in the residential home. People and their relatives using both parts of the service 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.

Systems for monitoring medicines were not consistent with national guidance. Arrangements were not consistently in place to ensure the safe administration and management of medicines.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, assessments to ensure decisions were made in people's best interest had usually been completed.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day. Where people had special dietary requirements we saw that these were provided for.

There was usually sufficient staff available to meet people's needs. Staff responded in an appropriate manner to people. Staff were kind and sensitive to people when they were providing support. People were treated with respect.

Staff 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. Some staff had received supervision however supervisions had not been completed for all staff in both areas of care. People were supported to access leisure and social activities. They were supported to maintain relationships that were important to them.

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 put in place to address any issues which were identified. However the audits had failed to identify the issues found at this inspection. The provider had failed to fully address the issues raised at our previous inspection. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. 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.

Systems were not always in place for the safe management of medicines.

There was not always sufficient staff.

Risk assessments were completed. However records in the home care setting did not clarify the risk.

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

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not always act in accordance with the Mental Capacity Act 2005.

Staff had not received regular supervision.

Staff had received training to support them to meet the needs of people who used the service.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring

People had their dignity considered.

Care was provided in an appropriate manner. However staff were not always on time when providing care in people's home.

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.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records for people who were at the home on a permanent basis were personalised. Care records were not updated.

People had access to activities.

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

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Issues raised at the previous inspection had not been fully addressed.

They systems and processes in place to check the quality of care and improve the service had not identified the issues found at this inspection.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

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 11 October 2017 and was unannounced. The inspection was completed by an inspector and two experts 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 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. We also considered information that had been sent to us by other agencies when making our judgements.

During our inspection we spoke with both registered managers and care staff. We spoke with five people who used the residential service and five relatives. We also spoke with eight people who used the homecare service, one relative and two staff members by telephone. We looked at a total of seven people's care plans across both services. We also looked at records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We looked at medicine administration records (MAR) for people in both the residential and the home care setting. In the residential home we found the provider did not have protocols for 'as required' medicines (PRN) consistently in place. These are important because they indicate when these medicines are required and whether or not people could request and consent to having their medicines. We spoke with the deputy manager about this who told us they were in the process of completing these as this was identified by their medicine provider when they carried out an audit. We saw a form was available for completion.

We also observed medicines for people had been given on a PRN basis when they were medicines required on a regular basis. For example, a person was prescribed a medicine to be taken daily however records showed that the medicine had been offered as a PRN and recorded as not required. There was a risk people were not getting their medicines as prescribed.

Medicine records in the residential home included identification sheets which detailed people's allergies. However when we checked these against the MAR we found that the allergies did not match or were not included. For example a person was recorded as being allergic to citrus fruits and aspirin on their identification sheet but the MAR only recorded. There was a risk people would receive medicines they were allergic to.

We found the medicine administration sheets (MAR) for the home care service had not been fully completed. There were gaps in the records where it was not clear whether or not people had received their medicines. It was also not clear where people were prescribed variable doses, for example 10-15mls, what amount had been given.

In the residential home 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.

People who used both services told us they felt safe and had confidence in the staff. One person said, "I am more secure here than I was at home". Another person said "I feel safe the staff know me and the way I like things done". A person who used the home care service told us, "Yes I do feel safe with the carers. I have a key safe here, and everyone uses it correctly."

During our inspection we observed call bells were responded to promptly. We observed one occasion when a person had to wait for assistance because staff were busy supporting another person. However staff explained to the person and reassured them. Two people we spoke with felt that there was not always enough staff and that staff could sometimes rush them. One person said, "There is a tendency to rush me sometimes particularly when I'm getting up or going to bed. I am not sure if they don't need more staff at times." A relative also told us, "[Family member] sometimes has to wait in the morning for a staff member to take them to the toilet. They take diuretics so need the toilet frequently in the morning. They (the staff) seem to be under pressure particularly in the morning and bedtime so I am not sure if there always is enough staff.

I know some people are more dependant than others but I feel that shouldn't impact across the home." People who received home care also raised concerns about staff being rushed. One person said, "My regular is never late. Some of the staff are not always on time, they just turn up late, they do not let me know. If they are more than half an hour late I phone the office to ask what has happened. I usually have a care call between 8am and 8.30am but today it was 9am before the person came. " Another person said, "The carers don't always turn up on time. It is booked for 7am but some turn up at 9am. Some let me know and some don't. I understand it, the carers are so over worked. I have five calls a day. It is when the regular carers are off, and they all need a day off, it goes wrong."

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. The registered managers told us they had recently worked with a recruitment agency and this had helped to fill vacancies particularly in the home care service.

In the residential home we saw individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. However these were not consistently in place for people who received home care support. Home care records were not clear about what the actual risks were for people, instead they detailed how to provide care to people. In addition they did not consistently use nationally recognised tools for assessment where required for example nutritional risk assessments. 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. Plans included information about how to support people and what equipment was required.

During our inspection we observed there were some areas of the home which required refurbishment. For example, there were areas in the home which required redecoration where wallpaper had been torn and a much worn carpet in places. One relative pointed out the glass shelf over the wash basin in their relative's bathroom was a hazard as their relative was blind and could easily hit their forehead on the shelf when washing their face. The relative said, "I have pointed this out and we are waiting for the shelf to be removed, we have been waiting some time."

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, for example, to the local authority. Staff 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.

Requires Improvement

Is the service effective?

Our findings

The provider did not act consistently in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. We checked whether the provider was working within the principles of the MCA. We saw that best interest assessments were not recorded for people who required these. For example a person who lacked capacity was being supported with specialist equipment, however it was not clear from the care record if discussions had taken place to ensure this was in their best interest. An assessment under the MCA had also not been undertaken. Good practice and national guidance recommend that in such an instance a specific best interests decision should be completed.

It was not consistently clear from the records if relatives had a legal power to manage people's affairs on their behalf or what they were able to consent to. For example, finances, health and welfare or both. There was a risk that decisions were being made on people's behalf unlawfully because documentation was unclear.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection no one was subject to a DoLS, However we discussed a person with the registered manager with reference to making an application.

DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff and registered manager about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

We observed that people were asked for their consent before care was provided. When we spoke with staff they understood the importance of obtaining consent and were able to tell us how they supported people to understand.

People told us they thought staff had the skills to care for them. One person said, "They seem to know what they are doing. I do as much as I can for myself though it's good to know they are there." New staff received an induction. The induction was in line with the Care Certificate which is a national standard. Staff told us they were happy with the ongoing training that they had received and that it ensured that they could provide appropriate care to people. We saw from the training records that most staff had received training on core areas such as fire and moving and handling. Staff told us where people had specific needs they had received targeted training, for example, if they used a particular piece of equipment to assist them to move. Staff also had access to training for nationally recognised qualifications.

There was a system in place 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. A process was in place for providing supervision to staff on a regular basis. However staff we spoke with told us they had not yet received supervision. We observed staff had not consistently received supervision to review their skills and experience in both the residential and homecare setting.

Most people said they thought the food they had was tasty and well-presented. We observed lunchtime and saw the lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People told us they did not know what was for lunch or tea until the day. There was a small blackboard in the dining area which told people what was for lunch. However unless people could independently move around the home they would not see this until they were actually seated at the table and facing it.

People were not offered a choice however we observed people had different meals at lunchtime. One person said, "We don't usually know until the day. If you don't want something you can ask for something else. Sometimes we get a choice, like today we could have peas or beans." Another person said, "The food is excellent and there is normally one meal at lunch then you can have either the hot option like beans on toast or a sandwich at tea. There is no other choice but they would offer something else if I didn't like something." People also had access to regular drinks and snacks throughout the day. Jugs of juice and a water dispenser were available in the communal areas for people to help themselves. Although we did not observe fruit and snacks in communal areas the staff told us these were available to people from the kitchen.

Assessments had been completed with regard to nutritional needs and where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

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 health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. People told us they had access to the GP and were supported by staff. One person said, "I ask for the doctor if I need him or sometimes the staff will suggest they contact him." A person who used the home care service said, "The support worker will take me to the doctors, the support worker made an appointment for me." Hospital grab sheets were not in place in order to provide information about people's health needs to other professionals in the event of a hospital admission.

Requires Improvement

Is the service caring?

Our findings

Most people who used the service and their families told us they were happy with the care and support they received. However two people who lived in the residential home raised concerns about their care being rushed on occasions. Similarly people who received homecare also said that there were times when their care wasn't always provided in a timely manner which meant their needs were not always met. One person said, "I do feel a little rushed sometimes if the carer arrives late and the carer is thinking of the next person."

Relatives and people who lived at the home said they thought staff were kind, helpful and caring. One person said, "I am very happy here. My room is lovely and I have my own things about me. The staff are caring. I can do most things for myself but if I need something the staff are there to help me." A person who used the home care service told us, "The carers listen to me, and they always ask if they can do anything else for me." Another person said, "On the whole I am very happy here. I have everything I want and a lovely room. It's not the same as being at home but I know I am better off here. It was my choice to come into a home."

We observed throughout the day that the staff knew people very well and were caring towards them. Staff spoke clearly and gently to people. We observed a person said they didn't feel well and saw staff comforted them and supported them in order to resolve their discomfort. Staff asked them where they would like to sit and how they could make them feel more comfortable. A person who received home care support said, "Yes my needs are met, I can have a bath every day' the carers listen to me, and they always ask if they can do anything else for me."

Staff supported people to mobilise at their own pace and provided encouragement and support. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening. One person said, "The staff help me get my balance when I stand and I know they are there to guide me."

Where people were unable to communicate verbally staff were supported to use alternative methods. For example a member of staff explained how they communicated with a person who used an electronic devise to support them to communicate.

Staff supported people to receive care how they wanted it to be provided. A member of staff who supported people in their home setting told us if a person required additional support they would stay and provide it. They told us arrangements were in place that in such an event the office would contact the person they should be going to next and if necessary make alternative arrangements.

A member of staff said, "It's family orientated here. You get time to spend with people." We observed staff chatting with relatives in a friendly and respectful manner. All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright. Care records detailed people's choices. For example, a care record stated, "Will tell staff what clothes they would like to wear for that day." Another said, "I like to

wash my hands and face myself."

People who used the service told us that staff treated them well and respected their privacy. Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality.

Where people required support from lay advocacy services this was identified in their care record. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information was available to people as to where this service could be provided from.

Requires Improvement

Is the service responsive?

Our findings

We saw the care records in the home had been reviewed but had not been consistently updated. For example a person was reported as self-administering an element of their medication. However when we asked about this we were informed this was no longer the case. In another care record we saw the oral health assessment had not been updated since 2013. Another record had incomplete records, for example the consent documentation was not complete. There was a risk people would not be cared for appropriately.

Assessments had been completed prior to people moving to the home or using the home care service, to ensure the provider could meet people's needs. Care records for people were personalised and included information about what practical support people required. The home care service used electronic records but ensured a paper copy was maintained in the home so that people were aware of their care plans.

Most people and their relatives that we spoke with were aware they had a care plan although not everyone was able to tell us what was in it or when it was last updated. One person said "I know I have a care plan it was completed when I first came here. I don't see it but I am happy they do everything I need." A relative said, "I feel fully involved in [family member] care plan and I can add or remove things as necessary. For example I requested they did not disturb [family member] every two hours at night as it was making (relative) very tired and sleepy during the day. Since the plan changed [family member] has been more awake during the day". However another relative said, "I am not sure [family member] has a care plan. I am not sure all the staff are aware [family member] is blind as I have to keep saying they need to replace things exactly where they were otherwise they can't find them. No one has sat down and gone through things with us."

The home care records detailed what support people had requested and how to provide this. Records also detailed what times staff should visit people. However staff told us if people's needs changed they felt able to raise this and negotiate alternative arrangements. A member of staff told us about a person whose package of care needed to be rearranged in order to meet their needs. They said that although the full arrangements had not been agreed the provider had allowed them to be flexible with how they provided the care so they could ensure the person's needs were met.

Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why.

Activities were provided on a daily basis. We observed people in the lounge joining in group activities. For example, a yoga session was held in the afternoon. We also observed the activities coordinator visiting people in their own rooms and offering one to one activities and support. People we spoke with told us about previous activities and what they enjoyed. For example, we saw there had recently been a 1940's day. One person said, "[Staff member] is very good. We do lots of things. We had a quiz this morning and this afternoon we have yoga. I am taken to the pub Monday and Friday. I really enjoy going I usually only have

one pint. I sometimes ask for them to get me a can here but not often." A relative said "The activities have been great. [Staff member] does all sorts of things and even though [family member] can't join in she makes sure she comes in regularly to chat to [family member], do a manicure or even just a hand massage. It makes a big difference to [family member]."

Although the home did not have access to a mini bus trips to facilities in the local community, such as restaurants and cafes were arranged. One person who required a wheelchair when out and about was supported to use specialist transport so they could participate. People also had access to church services locally and we saw that any specific cultural wishes were recorded in care records and provided for according to people's wishes. Care staff understood the importance of promoting equality and diversity.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff chatting with relatives and their family member. A member of staff told us a person had been estranged from a family member before coming to the home but since being admitted they had been able to support them to begin contact again.

A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. At the time of our inspection there were no unresolved complaints. A person said, "If I was worried about anything I would speak to the manager or deputy I know they would sort it out." Another person said, "I don't have any complaints but if I did I would speak to the manager he is very approachable." A relative said, "I wouldn't hesitate to bring things up directly with the manager or owner. I can also bring things up in the meetings we have with the other residents." Another person who used the home care service told us, "If I had a concern I would phone the office. It is easy to get through and at weekends someone is there. The office staff are very polite to me."

Requires Improvement

Is the service well-led?

Our findings

Arrangements for checking the quality of care had failed to identify issues we identified at the inspection. Regular audits had not been completed on a range of issues including records and medicines. The deputy manager told us they were in the process of putting in place additional audits to look at falls and care records but these had not yet started. Where issues had been identified by the provider's quality checking system we saw action plans had been put in place in order to make improvements. An action plan had been put in place to address the issues raised at our previous inspection. However not all issues had been fully resolved and we found ongoing issues in relation to medicines management across the service. The provider had failed to put in place effective monitoring systems to ensure the quality of care to people.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not operated effectively to ensure people received good quality care.

People felt the home was well run and told us the manager was approachable and wanted to provide good quality care to people. Resident's meetings were held on a regular basis and relatives were also encouraged to attend.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. The registered manager for the homecare service spent time working with staff in people's homes and observing their practice. However there was no documentary evidence of what they observed although we saw dates when the visits took place.

Staff told us that staff meetings were held on a regular basis and if there were specific issues which needed discussing additional meetings would be arranged. Staff and relatives told us that the registered managers were approachable. Staff said that they felt able to raise issues and felt valued by the registered managers. They said they felt involved in the running of the home. For example, as part of the recruitment programme for staff in the home care service applicants were given the opportunity to spend some time shadowing existing staff. Staff were able to give feedback on applicants and in turn applicants were able to experience the type of work they would be doing. The registered manager told us this meant the issue of people leaving soon after they had been recruited was less likely. They also explained how when they had very complex packages they would recruit staff specifically for those packages to ensure they could meet the need.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about. The ratings for the last inspection were on display in the home and available on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective monitoring systems were not in place to ensure the provision of quality care.