The Serenity Care Company Limited

North Warren House

Inspection report

North Warren road
Gainsborough
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 14 July 2015 and was unannounced. North Warren 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. The provider also provides personal care to people in their own homes. At the time of our inspection the provider was providing personal care to 42 people.

At the time of our inspection 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 we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. Staff were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Summary of findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes and where people had special dietary requirements we saw that these were provided for.

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 and staff had received regular supervision.

We saw that staff obtained people's consent before providing care to them. People did not have access to activities and community facilities.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. However, the complaints process not on display and therefore not everyone was able to access this.

Regular audits were not carried out. Audits were not in place for areas such as falls and infection control however the registered manager told us that they were in the process of developing these.

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.

Summary of findings

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.

People felt safe living at the home and with the care provided in their own home.

Staff were aware of how to keep people safe. The provider had policies and procedures in place.

Medicines were stored and administered safely.

Good

Is the service effective?
The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

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

Good

Is the service caring?
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.

Good

Is the service responsive?
The service was not consistently responsive.

People had did not have access to a range of activities and leisure pursuits.

The complaints procedure was not on display however people knew how to make a complaint.

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

Requires improvement

Is the service well-led?
The service was not consistently well led.

There were not effective systems and processes consistently in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

Requires improvement

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 14 July 2015 and was unannounced. The inspection was completed by a single inspector.

Before our inspection we reviewed information which we held about the home and 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 and four members of care staff, three relatives and four people who used the service. We also looked at four people's care plans and records of staff training, audits and medicines. The provider also provided a service to people in their own homes and we spoke with one member of staff from this service and two people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, “The staff are very kind.” Relatives told us that they felt their family member was safe. A relative told us, “I know [my family member} is safe here.” People who received care in their own home told us that they felt safe with the care provided.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. 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.

Individual risk assessments were completed for people who used the home and for people who received care in their own home. Where there were specific risks such as a risk of a person falling these were highlighted to make sure that staff and visitors were aware of these and how to support the person to keep them safe. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected.

Accidents and incidents were recorded and investigated to prevent reoccurrence. One person told us about an injury they had suffered following an accident and we found that the appropriate documentation had been completed and actions taken. Plans were in place to support people in the event of an emergency. People had access to call bells throughout the building to ensure they could access help. For example, we observed a person sat outside had a call bell and used it when they wanted to come back into the building.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. The registered manager told us that they had completed a safe recruitment course to ensure that they had the skills to lead the recruitment process. 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.

People and staff told us that there was usually enough staff to provide safe care to people. The registered manager told us that it was sometimes difficult to always have a senior carer available at night however they said that there was always an on call senior member of staff available to provide advice to the staff who were on duty and a member of staff who was able to give people their medicines. Within the service which provided care to people in their own homes there were dedicated senior staff who were responsible for ensuring that staff were allocated appropriately and people received safe care. Staff told us that there were sufficient staff available to meet people's needs in their own homes and that they were allocated appropriately.

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed that they had taken them. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a regular basis). 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 looked at the medication administration records we saw that these had been fully completed according to the provider’s policy and guidance. Staff had received appropriate and regular training regarding medicines however they currently did not have their practice observed to ensure that they were delivering medicines safely.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, "The staff are pretty good." A relative told us, "The staff are excellent."

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. They told us that they had received training on areas specific to people's needs such as catheter care and diabetes. The registered manager told us that they had recently reviewed the delivery of training and both he and some senior staff had received training so that they could deliver training on areas such as moving and handling and safeguarding. The registered manager told us that training was delivered on a regular basis and it was part of staff's regular duties to ensure that they were able to attend.

Staff also had access to nationally recognised qualifications. A training plan was in place to reflect what training had taken place and what training was required. 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 were also satisfied with the support they received from other staff and the registered manager of the service and told us that they felt supported in their role. They told us that they had received regular support and supervision. Supervision and support sessions provided an opportunity to review staff's skills and experience. A member of staff told us "You get opportunity to discuss your training and support needs at supervision."

We observed that people were asked for their consent before care was provided. Staff were able to tell us what they would do if people refused care. One person refused their tablets at lunchtime and the staff member told us that they would go back and offer these again. We observed the person take their medicines on the second occasion. Care records included consent documents in relation to areas such as the provision of care and photography. Where people were unable to consent best interest assessments had been carried out and plans put in place to support people with these decisions. For example, a person required a pressure mat to keep them safe but was unable to consent to this, so an assessment had taken place to ensure that this was in their best interest.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. At the time of our inspection there were two people who were subject to DoLS. We saw that the appropriate paperwork had been completed and the CQC had been notified of this.

People who used the service told us that they enjoyed the food at the home. One person said, "The food is very good, it's fresh." Another person said that they felt that the variety was limited, however we saw in the minutes of the April 2015 residents' meeting that people had been asked for suggestions for meals in order to increase the variety.

Choices were available for people and staff told us if people didn't want the offered meals they were able to provide alternatives. We observed staff asking people what they would like for meals and explaining what choices were available. One person refused their meal at lunchtime and staff offered them an alternative option. Meals were also provided to people who received care in their own homes if they required it. The needs of people was detailed in care records.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. A person had suffered prolonged weight loss and a referral to the GP had been made and food supplements provided as a consequence. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, where people had specific health needs such as diabetes or required catheter care, information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health

Good

Is the service effective?

and wellbeing. Records showed that when people were ill staff had acted in a timely manner and obtained advice and support from other professionals such as the GP and district nurse. We spoke with a visiting professional during our inspection and they told us, that the provider carried out care effectively and worked well with the visiting team.

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, that the home was very comfortable and they were well looked after. Another person told us, "Very nice here."

People who received care in their own home told us that the staff provided care which met their needs and were very kind to them. A relative said, "Staff are kind and treat people with dignity."

People were involved in deciding how their care was provided. For example, a person did not always want a shower on a daily basis and their record reflected this and said that staff should always ask. Another person told us that they liked to have a lie in with a cup of tea before they got up and staff respected this.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, we observed a member of staff chatting with a person about their dog and another to a person about their relative visiting that day. When administering care, staff explained to people what they needed to do, for example when administering medicines they said, "Take one at a time, there's no rush." Another person was confused as to what to do with the tablet and staff explained patiently to them.

We observed that all the staff were aware of respecting people's needs and wishes. For example, where people preferred particular staff or staff of a certain gender this was documented and staff told us that they would try and facilitate this.

When providing support to people staff sat with them at their own level and communicated with them. For example, staff sat with a person who was anxious about when their relative was visiting and explained calmly but repeatedly to the person when their visitor was coming, until they understood.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were alright and comfortable during the process.

Staff explained what they were going to do and also what the person needed to do to assist them. Two people were visually impaired and we observed that when staff supported them to enter the lounge area they explained where they were and who was sat where in order to facilitate their choice of seat and location.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. Staff understood what privacy and dignity meant in relation to supporting people with personal care both in the home and when providing care to people in their own homes. The registered manager told us that although the home was registered for 15 people they had now made two of the bedrooms which were double rooms into single rooms so that people had privacy and their own space.

Requires improvement

Is the service responsive?

Our findings

One relative said, “Can be like a family, you are able to make a cup of tea when you like.” A member of staff also said, “It’s like one big family.”

Another relative told us, that their family member had taken a dislike to a member of staff and the staff and manager worked around this to ensure they did not provide care to the person as they became upset when they did.

Activities were not provided on a daily basis. The registered manager told us that they were in the process of recruiting for an activities co coordinator as the previous person had recently left. We saw in the minutes of a residents’ meeting in April 2015 people spoke about individual activities such as tapestry and embroidery being available. However during our inspection we did not see anyone carrying out activities on an individual basis. One person told us that they would like to do some gardening and the registered manager said that they were trying to facilitate this.

Access to community facilities and activities was limited, people told us that they didn’t go out very often. However, one person liked to go out regularly into town and an arrangement had been put in place so that they could indicate on a board when they were out of the building. We saw another person liked to be outside and their care plan reflected this and instructed staff to facilitate the person to access the outside areas when they wished. The home had access to outside garden areas where people were encouraged to sit and take a walk during the day. The area was pleasant and safe.

Relatives and people who used the service told us that they were aware of the care plan. Staff told us how they supported people to update their care plans to ensure that they reflected the needs of people. People’s care records detailed people’s past life experiences in order to help inform staff about people’s interests. They also included information about people’s support mechanisms including family and friends. People who received care in their home had care plans which remained in their home and staff updated these with them.

We looked at care records for four people who lived at the home and two people who received care in their own home. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. Care records included information about people’s past and what areas of interest they liked to discuss, for example one person had been in the navy and liked to discuss this.

Care plans had been reviewed and updated with people who used the service. During our inspection we observed a review taking place which involved the person and their relative. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required to ensure staff were able to respond to people’s changing needs.

People that received care in their own home told us that they were happy with the times of visits and that staff were usually on time. They said that they received care from a regular set of staff who knew how to provide care to them. Staff told us that they had sufficient time to provide care to people.

A complaints policy and procedure was in place, however it was not on display. Relatives were aware of how to make a complaint if they needed to. At the time of our inspection there were no ongoing or recent complaints. The complaints procedure was only available in a written format which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to.

Requires improvement

Is the service well-led?

Our findings

An electronic system was in place to support the management of rotas within the domiciliary care service. However, systems and processes were not in place to ensure the delivery of a quality service within the home. External audits had been carried out on areas such as medicines but there were no internal audit systems in place to check the current service and drive improvements forward. The registered manager told us that they had started to attend a local group for infection control and were in the process of developing an audit tool to use in the home. We observed a number of minor infection control issues which would have been identified if an audit tool was in place, such as open bins in some areas and a lack of defined clean and dirty areas in the laundry. We discussed these with the manager who said that they would address this. They said that they had plans for refurbishment in some areas of the home but did not have a detailed plan of when this was to be carried out. We observed that some areas of the home including bedroom areas had been refurbished.

Care records were stored in an open cabinet in an unlocked area which was accessible to staff, relatives and people who lived at the service. This area also had details about people's personal needs displayed on the wall so that staff had easy access to key issues about people's care. However there was a risk that people's confidentiality would be breached because the room was easy to access.

We observed that staff smoked in an area close to the lounge where people were sitting. Two people who lived at the service and relatives raised this as an area of concern and we spoke with the registered manager about this. They also expressed concerns that because of this the lounge area was used as a thoroughfare, they said that they felt the domiciliary care service had taken over their space because they walked through to the garden area on a regular basis so that they could smoke. The registered manager said that they would discuss this with staff and people.

Staff were aware of their roles and who they were accountable to. However people and relatives told us that they felt that the support staff in the home such as cleaners were not always available which meant that care staff were taken away from their role to carry out other tasks such as cleaning. Within the domiciliary care service staff had been given lead roles such as managing rotas to ensure that the service was delivered efficiently.

A staff member said, "You get good communication and you feel supported." They 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.

Relatives' meetings were held and relatives told us that they would be happy to raise any concerns they had. A relative said that they would go to the registered manager and were confident that they would sort it out quickly. At a residents' meeting in April 2015 issues such as mealtimes, the menu and activities was discussed. The registered manager also told us that meetings were called if there was a specific concern. For example, the menu had been changed on a Friday from fish pie to fish and people were unhappy about this. Surveys had been carried out in 2014 for the domiciliary care part of the service and positive responses received.

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.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice. They told us that they wanted to recruit staff who were committed and enthusiastic about working with older people. They said that usually staff were recruited for either the home or domiciliary care to facilitate this but if there was a particular shortage in either area staff were told that they may be expected to cover to ensure that people received the care they required.