The Serenity Care Company Limited

Serenity House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Serenity House is situated in Gainsborough Lincolnshire. It can accommodate up to 15 people who experience learning disabilities and/or autistic spectrum disorder. It can also accommodate older people. On the day of the inspection four people were living in the home and two people were accommodated in hotels with Serenity care staff supporting them 24 hours a day and seven days a week. The service also operates a home care service supporting 33 people with personal care.

People's experience of using this service and what we found
People did not always live in a safe environment. The local fire safety team had issued a prohibition notice which had necessitated the service to operate from the ground floor of the service until they had complied with urgent action. We saw the provider had complied with these actions. However, there were ongoing concerns around the governance of the service which had impacted on fire safety checks, staff training and the environment. The provider continues to work to improve these areas.

People told us they felt safe with the staff who supported them. Staff we spoke with had good knowledge of their responsibilities in relation to protecting people from abuse. Information in people's care plans gave staff the guidance to provide effective support. People's medicines were managed safely, and staff showed a good understanding of how to reduce the risk of infection for the people they cared for.
People and staff felt the care provided was person centred and the communications between the management team and people, staff and relatives were good. Staff enjoyed their jobs and were happy in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Serenity House worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received personised care, they were involved in planning their care to ensure the structure of their daily lives were as far as possible supported by their own choices.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection

The last rating for this service was requires improvement (published 22 January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation fire safety at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for serenity House on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always Well led.

Details are in our Well Led findings below.

Serenity House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Serenity House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The location is also registered to provide personal care in people's homes. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
We visited the service on two days and the visit on the first day was unannounced. We gave the provider 36 hours' notice of the second visit.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had not been asked to complete a provider information return (PIR) form. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with one member of care staff, two managers, the deputy manager for Serenity House. We also spoke with the registered manager/nominated individual. Following our visit, we spoke by telephone with four people who used the service and four relatives. We also spoke with four members of staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to assess the risk of health and safety of service users and do all that was reasonably practicable to mitigate risks. The registered provider had failed to ensure that persons providing care or treatment to service users had the competence to do so safely. Although we saw some improvements had been made in some areas of care, there were still areas which required improvement.

● There were significant issues with fire safety. Prior to our visit the local fire safety team had imposed some restrictions on the service to ensure people's safety. The provider had complied with these restrictions and people living at the service were safe. However, the range of concerns highlighted by the fire safety team showed that management of risk in relation to fire safety had not been consistent. Significant ongoing improvement was required to the way the environment and equipment was maintained and monitored by both the management team and staff at the service.
● There were further issues with the lack of staff training relating to evacuation processes, use of fire safety equipment and identified fire marshalls. Fire alarm tests were carried out monthly rather than weekly and the fire log did not contain detailed information to show tests on the alarms or fire safety equipment had been carried out. This put people at continued risk of harm should a fire break out at the service. The above issues are further addressed in our well led section of this report.

● However, there had been work undertaken to improve the information in people's care plans and risk assessments. We saw detailed up to date guidance for staff on how to support people. For example, one person's risk assessment and care plan detailed how to support a person when accessing the community. The information included the current restrictions in relation to Covid-19 and the person's understanding of them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● The registered manager had systems and processes in place to ensure people using the service were protected from possible abuse.
● Relatives had confidence in the staff to keep their family members safe. They told us staff were very good at communicating any concerns with them. All the people we spoke with, who received care in their own homes, told us they felt safe and comfortable with the staff who supported them. They said they had regular staff who they trusted and who were diligent in managing the security of their homes when they came and left the property.

● Staff we spoke with were aware of their responsibilities in protecting the people in their care from abuse. They had regular training on safeguarding issues and knew who to raise any concerns with.
● The registered manager used staff meetings to discuss any incidents or accidents so learning from events could take place.

Staffing and recruitment
● People were supported by adequate numbers of staff. Relatives told us people were supported with one to one hours for social activities. Staff we spoke with told us they worked to support people during the COVID-19 outbreak with appropriate individualised activities. Staff providing care for people in their own homes told us they had enough time to support them and enough time built into their shift pattern to travel from call to call. People also told us staff were generally on time, and if they were going to be late they were very good at letting them know.
● There were safe recruitment processes in place. When staff were employed the registered manager obtained references from previous employers and used the disclosure and barring service (DBS). This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely
● People were supported with their medicines safely. Staff received training in the safe handling of medicines.
● Where people required time specific medicines and as required medicines there was guidance to support staff administer these medicines safely.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant further improvements were required in the quality monitoring processes to ensure standards of care remained consistent

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
When we last visited the service, the provider was in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. There was a lack of effective systems and processes in place for monitoring quality of the service.

- The issues identified in the safe section of this report show that although the provider had made some improvements to areas of their quality management there were still significant areas that had not been monitored to ensure people's safe care. The issues raised by the fire service around the lack of management of the environment, equipment and staff training in fire safety showed the quality management processes in place had not been effective.
- Some quality monitoring tools used did not highlight areas that needed to be monitored, such as the checks on the outside of the property. The service's health and safety audit was also not available during the inspection.

As a result, the provider remained in breach of Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulation 2014

- However, in the weeks leading up to our inspection the provider/registered manager had worked to put a new management structure in place at the service. They had employed a new manager who was applying to become the new registered manager. We will monitor this application. Serenity House was also supported with a deputy manager and the home care service employed a branch manager.
- The provider was in the process of applying to run the home care service from a different address and run the service as a separate location registered in its own right. We will monitor this application moving forward. Due to the restrictions placed on Serenity House by the fire service, the provider had been required to move the home care service to the new location whilst the application is in progress.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care which met their needs. The registered manager and their staff team showed good understanding of people's needs.
- People supported in their own homes told us staff listened to them and they received care in the way they wanted. They gave examples relating to their personal care and management of their meals. One person told us their family shopped for them and staff supported them to cook their meals the way they wanted

them.
● We saw how the provider had been refurbishing a set of rooms for one person coming to the service. When assessing the person prior to them coming to the service, they had found they responded to sensory lighting, so they had put in specialist mood lighting in the person's rooms.
● Staff we spoke with spoke warmly of the people they supported and told us they enjoyed working at the service. One member of staff told us the staff at the service seem to care a lot more than where they had worked in the past.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us. We received regular communication and notifications from the registered manager about events which happened at the service.
● A complaints policy was in place and relatives were aware of how to make a complaint if required. Two people who received care in their own homes told us they had raised concerns to the branch manager in the past, they both told us they were happy and impressed by the way the concerns were handled.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager worked with people and their relatives to maintain regular contact. They had introduced lateral flow testing and socially distanced visiting. Relatives also told us they had regular telephone contact with staff and their family member.
● Relatives felt the communication was good and they felt able to raise issues. They told us the registered manager and staff regularly contacted them and would always inform them of any concerns.
● Staff told us the senior managers were supportive and they felt able to approach them to discuss any issues.
Working in partnership with others
● The staff team worked to ensure relationships with external health professionals affected positive outcomes for the people in their care.
● We saw evidence of referrals being made to external agencies.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people were consistently provided with safe care and treatment. The risk of fire had not been sufficiently mitigated.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective systems and processes in place for monitoring quality of the service.

The enforcement action we took:

We issued a Warning notice to the provider.