

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Serenta HomeCare Ltd

90 Lowedges Road, Sheffield, S8 7LD

Tel: 01143273575

Date of Inspection: 09 April 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services**



Met this standard

**Care and welfare of people who use services**



Met this standard

**Safeguarding people who use services from abuse**



Met this standard

**Supporting workers**



Met this standard

**Complaints**



Met this standard

## Details about this location

Registered Provider	Serenta HomeCare Ltd
Registered Manager	Mrs. Susan Pinder
Overview of the service	Serenta Homecare is a domiciliary care agency registered to provide personal care. The agency office is based in the Lowedges area of Sheffield. Support is provided to older people living in their own homes in the south of Sheffield. The agency provides support with personal care, domestic tasks and companionship.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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People that received support from Serenta Homecare spoke very positively about the service they received. Their comments included; "I am highly satisfied. It is exceptional, first class," "all the carers know me well and give me the support I need, the way I want it. Staff are always happy and go the extra mile," and "they have changed the quality of my life for the better. I am very happy with them."

We found that people's care and welfare needs were assessed and each person had a written plan of care that set out their identified needs and the actions required of staff to meet these.

We found that a policy and procedure for safeguarding adults was in place and staff were aware of the procedures to follow to ensure people were protected. People spoken with said that they always felt "very safe" with their carers.

We found that staff were provided with appropriate training and supervision so that people's health and welfare needs were met by competent staff.

We found that a complaints policy and procedure was in place. People had been provided with information on how to make a complaint. All of the people spoken with said they had no complaints or concerns about the agency.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We telephoned five people that received support from Serenta Homecare and spoke with them about their experiences of the support they received.

People told us that a manager had visited them prior to a service being offered and explained about the agency. All of the people spoken with felt that they had been given enough information to make a decision about whether to use the agency. People spoken with understood the choices available to them and said they were involved in making decisions about their care and support. People told us that carers knew them well and the support provided was individual and based on their choice. They said that they were always asked their opinion and felt listened to.

Comments included; "the manager visited me to talk about the support I need. I was involved in everything," "I get regular visits from a manager just to see if everything is alright, or if there is anything I need. They listen to you," and "the girls (carers) always ask me my opinion. They are always polite and very respectful."

All of the people spoken with said that carers were always respectful and polite. One person told us that their carers always used their title and surname when speaking to them, as this was the name they preferred.

Two carers visited the agency office during our inspection so that we could talk to them about their experiences of working at Serenta Homecare. Staff spoken with said that dignity and respect were promoted by the agency and always included in staff meetings. Staff were able to provide examples of how they respected people and maintained their privacy. They told us that support was based around individual needs and preferences so that choice was promoted and respected.

Records seen showed that people using the service were asked their opinion, via spot checks and monthly quality reports so that their views could be taken into account.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People spoken with said that a consistent and reliable service was provided that met their individual needs. People said that their carers knew them well and always gave support in the way they needed and preferred.

People's comments included; "I know all the carers that come because they have been introduced to me. They are all alright and treat me very well. They are like family. They took me out for my Birthday. They make a difference," "I have never had a missed visit and the carers are always on time. They even made it in the recent bad weather. My carer walked to my house because she couldn't drive in the snow. I couldn't cope without their support," "I always know who is coming; there has never been a stranger at my door. They are first class," "I think they are very good at picking star staff. All of my carers have exceptional empathy and understanding. They are always happy."

One person spoken with asked if their comments could be included in this report, and passed to the managers', so that they could tell people what they thought. The person told us; "this company has kept their word to me. They are reliable and give me excellent support. The carers know about my illness and treat me with respect. They are always on time and have never missed a visit. I think they are very well organised in the office. They care about us and the girls (staff). It is a circle of caring that's coming from the top. It shines through. We are always quick to complain and I think we should be as quick to compliment. I really cannot fault them, because of their support I am getting my quality of life back."

We spoke with the registered manager, the operations manager and the care manager. They told us that they each undertook some minimal home visits so that they were available to cover in emergencies. The care manager explained that they visited a person in their own home once a request for support was received. At these initial visits the agency would be explained and an assessment of needs would be undertaken with the person requesting support. Following this a care plan and risk assessments would be written and a carer identified to provide the support. All care staff spoken with said that introductions to people they would be supporting always took place before support commenced. The managers' and people spoken with confirmed that copies of care plans were kept in the person's home and at the office base so that these were accessible.

Staff spoken with said that Serenta Homecare was a very good agency to work for. They told us that they received good support and a reliable and consistent service was provided to people. Staff told us that they never visited a person until they had been introduced and the initial assessment and care plan had been discussed with them. They told us that they had a regular group of people that they supported so that they knew them well. Staff spoken with were able to describe the people they supported and were aware of their needs, choices and preferences.

We looked at three people's care files. All contained an initial assessment, care plan and risk assessments that had been carried out by a manager. In addition, we found that each care file contained a weekly visit sheet. The care manager informed us that these visit sheets were given to each person supported by the agency at the beginning of each week so that they knew which of their carers would be visiting them.

The care plans were based on the individual support needed and detailed people's support needs, and the actions required of staff to ensure these needs were met. The care files contained completed risk assessments for the environment and personal care. Whilst these took the form of 'tick lists', we found that additional information had been recorded so that information on how to reduce any identified risk was available.

The care files and risk assessments seen had been signed by the person receiving support to evidence their agreement. We saw evidence in the care files to show that risk assessments and care plans had been reviewed and updated.

The care manager undertook monthly home visits, which were recorded. Those seen showed that the manager reviewed the support provided at each monthly visit to make sure that people's needs were being met. The care manager showed us examples of where care plans had been changed following a home visit so that they reflected people's views and preferences.

An on call system was in operation so that carers had access to advice or support when needed.



**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People spoken with said that they had no worries or concerns about the agency. Their comments included; "I have absolutely no worries. I am sure that if I had I could talk to my carer or phone the office and they would listen to me," "I feel very safe with my carer, they put me first." All of the people spoken with said that they felt safe with their carers.

At our previous inspection in September 2012 we found that staff had not received training in safeguarding people to ensure they had appropriate skills and knowledge to keep people safe. Following our inspection the registered manager confirmed that this training had been arranged. We looked at the staff training matrix and three individual staff training files. These showed that staff had been provided with training on safeguarding people to ensure full and safe procedures were adhered to.

Two staff spoken with were able to describe the different types of abuse and were clear of the actions to take if they suspected abuse or if an allegation was made so that people were protected. Staff were clear of the responsibility to report any concerns to their manager. All of the staff spoken with said that they were confident they would be listened to and taken seriously. Staff told us that the training covered the Mental Capacity Act and Deprivation of Liberty (DOLs) so that they understood people's rights.

We saw that the agency had a copy of the South Yorkshire Joint Protocols for Safeguarding People. Staff confirmed that they had access to safeguarding and whistle blowing policies so that they were aware of important information to help keep people safe.

The manager was aware of the need to report any incidents to us and the local authority in line with written procedures to uphold people's safety.

The agency offered a shopping service to people which meant that carers sometimes managed small amounts of money for some people. Staff spoken with were very clear of the procedures to follow to make sure people were protected. They confirmed that all transactions were recorded, receipts retained and the person supported signed each transaction. We checked the financial transaction sheets for three people. These showed that full and accurate recordings had been undertaken and receipts kept in line with

procedures to promote people's safety.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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At the time of this inspection nine carers were employed, and thirty three people were supported by the agency.

All of the people spoken with said that staff had the right skills to do their job. People praised their carers and their comments included; "they (the carers) are very good," "it is an excellent service, I am really satisfied" and "the carers always go the extra mile. They put us first. Nothing is too much trouble."

At our previous inspection in September 2012 we found that staff had not been provided with all relevant training to ensure they had the skills and knowledge to keep people safe. The registered manager wrote to us following the inspection to confirm that all mandatory training had been organised for staff.

At this inspection we found that a staff training matrix had been developed, along with individual staff training files. We checked the training matrix and three staff training files. These showed that all staff had been provided with formal training in moving and handling, medication, food hygiene and dementia awareness. The matrix also showed that refresher training had been booked at appropriate intervals so that staff skills were maintained.

A system was in place that identified when staff were undertaking training so that cover could be organised for their home visits, and people supported by the agency could be informed who would be visiting in advance.

Staff spoken with said that they had an induction provided by the agency which covered training and shadowing visits. They confirmed that the managers' talked to them about the expectations of their role during induction.

The agency had an on call system so that carers could seek advice at any time and respond to any emergency. Staff also said that they had been provided with all of the necessary equipment for them to do their jobs.

All staff received formal one to one supervision with a manager. Staff told us they found these sessions beneficial. Comments included; "the managers are very supportive, we get regular supervisions and spot checks. They always check we are happy in our job."

Managers' and staff spoken with told us that regular staff meetings took place, and we saw records of these. Staff said that they could speak up and feel listened to.

All of the staff spoken with said that the managers were approachable and supportive.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

People spoken with said they had no worries or concerns about Serenta Homecare. Their comments included; "I have no worries at all. I am very happy I could talk to any of the carers about anything" and "I can't think of any reason to complain. I get wonderful support from them."

We found that a policy on complaints was in place. Information on the complaints policy was provided to people and contained in their care file. We saw that this included the timescales for responses and the contact details of other professional bodies should people choose to contact them.

The registered manager informed us that no complaints had been received. However, we found that a system was in place to record any complaints should they be made. The registered manager confirmed that records would be kept of the actions taken in response to the complaint, and the outcome so that full and relevant records were maintained.

Staff spoken with were aware of the procedure to follow if a complaint was made to them. They were aware that any concerns should be reported to a manager so that safe procedures were adhered to.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.



## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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