

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

## Seren House

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2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Serendipity Health Care Limited
Registered Manager	Mrs. Gwen Smith
Overview of the service	The service provides a domiciliary service to people living in their own homes.
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 announced 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 January 2014, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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People were provided with useful information about the service provided and were involved in the discussions and decisions made about their care and support.

The support was provided by skilled staff who knew the needs of people well and knew what to do to assist them. One person told us, "They're just the best, they know what to do and how to do it well."

People said they had no complaints about the service and knew how to raise concerns should they need to. One person told us, "I was told personally by the manager that even if I had the slightest cause for concern I should ring her directly."

The staff received training that was appropriate for their individual needs. The training provided staff with the information they needed to care for the people living in their own homes.

Quality monitoring systems were in place whereby the quality of the care was reviewed and monitored. We saw information was used to influence the development of the service.

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

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The provider was meeting this standard.

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

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People using the service were given appropriate information and support regarding their care or treatment. People we spoke with told us they had a copy of their care records. They told us an assessment was completed when they started using the service and they were asked how they wanted their care provided and at what times. One person told us, "They came out to chat to X (person using the service) and I was impressed. The manager knelt in front of X so they could see her, as X has sight problems. The manager came across as very empathetic. There was no rush and she made X feel they were important. The manager made a point of asking what we wanted and made sure we knew exactly what would happen once the service started and what to do if problems." Another person told us, "The manager was very much on the case from the beginning and this has carried on. She came to see me in hospital weeks before I was discharged." People using the service or their representative had signed the service plan to record their agreement and a copy was scanned electronically and available for us to view in the office. This meant people using the service understood what provision was being delivered.

People we spoke with understood the care and treatment choices available to them and were happy with the service they received. People said that their support options had been explained to them before the service had started. One person told us, "They asked me what I wanted and when I wanted them to come. I have to say, I've been really happy with it all. They come when they are supposed to and they are all kind and polite. I'm not sure where I'd be without them."

The care records included information about when staff would provide the support and how the care was to be delivered. People told us they felt included in any decisions about their care and that any changes were explained in an easy to understand way. One person told us, "The managers come and visit me if anything has changed. They go through everything and make sure it is written down and they tell the staff what's different." This meant people were able to change how their care was delivered to meet their changing needs.

The staff we spoke with told us they were aware of the importance of treating people with respect and dignity, regardless of their diverse backgrounds. One member of staff told us, "We have many different people who use our service. We make sure we deliver the care they want, and not what we think they should have." This meant people's individual needs were met by the staff.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We looked at five care records, spoke with staff about the care people received and spoke with 18 people using the service. We used the services of an expert by experience who contacted people on the telephone. We also sent out questionnaires to people using the service to gain their views. This information helped us understand the outcomes and experiences of a selected sample of people and the information we gather helps us to make a judgement about whether the service is meeting suitable standards.

The care records we looked at contained an assessment of care for each person and an individual support plan of how the service would meet each individual's identified needs. The records contained risk assessments and the actions necessary to reduce the identified risks for each person. This included any environmental risks identified in the home and the local community to ensure people and staff were safe. We saw that a system was in place to review and record updates. This meant the records reflected up to date information about each person's needs and circumstances.

The people we spoke with said they were provided with useful information and felt very involved in the discussions and decisions made about their care and support. They told us they felt safe and well cared for by a friendly staff team who always knew what to do to assist them. One person told us, "They are really wonderful. I couldn't carry on living here if they didn't come. I always know that someone is coming and they have never let me down." Another person told us, "I have specific needs when being moved. I have four main carers and I always know who is coming in to me. They make sure the people coming in know what they are doing and take people off other runs if necessary to ensure staff are up to the job. The manager phones regularly to check that everything is running as I like." This meant people had confidence in the quality of the service they received.

Systems were in place to review the information recorded by staff on the daily records. These records were scanned electronically into people's records and available for us to view at the office. We looked at the daily entries for three people using the service and saw that for all the periods we checked, information was recorded about the support people had been given and any relevant observations. We spoke with staff about how they delivered care to people whose records we had reviewed. The staff were able to tell us

about people's support and this matched the care records we saw. This meant staff were aware of the current needs and support requirements of the people they provided support to.

People we spoke with told us they were given information about the time of each visit and the names of the staff who would be visiting. They told us it was usually the same carers who they knew well. One person told us, "I always know who is coming and I have a lovely group of people who help me. I have no complaints at all." As part of the quality assurance monitoring system, the provider recorded which staff provided the care to demonstrate that consistent care was being given to people. The provider told us, "It's important to people that they know who is coming and people feel more comfortable with people they know well." This meant people received consistent support by the staff.

**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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The staff we spoke with told us they had received an induction when they had started employment. The staff told us the induction was over five days and included moving and handling, safeguarding and care principles and they were satisfied that the induction gave them the skills needed to work with people in their own homes. The staff said they only worked alone when they felt confident, and they had an opportunity to work alongside experienced staff to ensure they provided appropriate support for people using the service. One member of staff told us, "After my induction, I shadowed someone supporting people who I would be visiting so I could see what I needed to do. After a few days I took over and did the visits on my own. The team leaders still check that I'm doing the right things but I'm confident that I am, so it doesn't bother me. They're only making sure we do our jobs properly." This meant people received a service from staff who had received training and support to do their job.

People using the service told us the staff were well trained and they felt confident with the staff who supported them. We looked at three staff files which contained information relating the training they received. The staff told us they received regular updates to make sure they knew how to provide appropriate support and where people had specific identified needs, such as diabetes, the staff received training to understand this. One member of staff told us, "If we don't know about something, we only have to tell the team leaders. They arrange for us to get extra training so we know what we are doing." This meant people received care and support from staff who were knowledgeable to deliver safe care.

We spoke with six staff about how they were supported and they told us they met regularly with team leaders and the manager who monitored the work they did. One member of staff told us, "They come out and work with us and see what we are actually doing. If we needed to make any improvements they'd tell us." Another member of staff said, "We have an appraisal each year and they tell us how we are doing, and we can look at what we want to do and achieve. We talk about how this is going during supervision." There was evidence of one to one supervision sessions and competency observations being completed and recorded in the records we saw. Supervision and appraisal is a vital tool used between an employer and an employee to capture working practices. It is an

opportunity to discuss on-going training and development. This meant staff performance and development needs were regularly assessed and monitored.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The service carried out quality assurance surveys to seek people's opinions of the service and questionnaires were sent to relatives and others who were involved in the person's life. We saw from completed surveys that responses were generally positive about the service and how staff provided support. Information from the survey was provided to staff and people using the service through a newsletter. This meant people were kept informed with reviews, updates and relevant information about the service.

We saw quality monitoring telephone calls and spot checks were completed with staff as part of the supervision process. We saw records of the monitoring visits by senior care staff which sought to ensure that staff provided care in a manner which respected the people using the service.

We looked at four records and saw that people generally received their visit within half an hour of the time which was agreed within the contract. The local authority, who contracted with the service to provide the agreed care, also monitored this through their electronic care system. This system recorded when people arrived and left people's homes. We saw the service achieved a high percentage of calls were visited within the agreed time over the preceding months. People we spoke with confirmed people generally arrived at the expected time. One person told us, "They usually come at around the right time and if they are going to be very late for some reason the office will ring to say." Another person we spoke with said, "They are usually within 15 minutes or so which is acceptable and understandable." This meant systems were in place to ensure people received their agreed care and this was monitored to make continual improvements.

We saw the care records were brought into the office to be reviewed and were available for inspection. The manager informed us that the records were used as part of the review process to ensure the support plan reflected people's actual needs. The staff we spoke with told us if there were any significant changes they would alert the manager on that day to ensure the support plan was up to date. We looked at one care record where we could see support had been reviewed to reflect identified changes.

To ensure staff were available to deal with any emergencies or to provide support, the provider had reviewed the office opening hours. Staff were now available in the office from 6am until 10pm, seven days a week. The provider told us almost all care visits were made within these hours. The staff we spoke with told us increasing the opening hours of the office had improved the service. One member of staff told us, "It's so much better for people, they don't have to talk to an answer phone as there is always someone here. This means we can act straight away, and for example, if a carer is running late, then rather than call someone up and tell them this, we can just do the call ourselves. It also means if someone calls to let us know about any changes, we can respond straight away." People we spoke with confirmed this and one person told us, "It's nice that someone is always there, I never have any problems getting in touch. They are so good at keeping you informed." This meant systems were in place to ensure people continued to receive appropriate care.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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