

Cera Homecare Limited

Cera Clacton on Sea

Inspection report

Unit 2
Brunel Court, Brunel Road, Gorse Lane Industrial Estate
Clacton-on-sea
CO15 4LU

Tel: 01255258794
Website: www.crghomecare.uk.com

Date of inspection visit:
02 November 2022
03 November 2022

Date of publication:
14 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cera Clacton on Sea is a domiciliary care agency providing personal care and support to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 41 people using the service who were in receipt of personal care.

People's experience of using this service and what we found

We have made recommendations to the provider around safe recruitment practises. Minor improvements were needed in the staff recruitment files to ensure they met with the requirements of the regulation. The registered manager is aware and has sought to rectify any of the concerns raised. Please see the safe section of this report.

People told us they felt safe and were positive about their experience of using Cera Clacton on Sea. Peoples safety had been maximised with the systems in place and staff knew how to protect people from the risk of harm through abuse. Where concerns were raised these were reported and acted upon appropriately.

People were supported to take their medicines safely by trained staff. Checks were regularly undertaken to ensure staff continued to be competent administering medicines. Medicine audits were in place which were able to highlight any errors so appropriate action could be taken to reduce a reoccurrence.

Staff spoke positively about the service and the support they had received from the registered manager. There were sufficient staff with the right skills and training to safely and effectively meet the needs of the people the service supported.

Staff were kind and caring and treated people in a respectful manner. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected.

Peoples' needs were fully assessed prior to a service starting with them at the centre of their care and support. Risks and preferred routines were included as part of their overall care plan and personalised to meet their individual needs.

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.

Systems and processes were in place to review the quality of the care and support provided. This included seeking the view of people using the service. The management team were committed to providing a high-quality service to people with a strive to continuous improvement.

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 the service under the previous provider was good, published on 6 October 2018. The new provider registration commenced 23 September 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cera Clacton on Sea

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 Health and Social Care Act 2008.

Inspection team

The service was inspected by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 10 November 2022. We visited the location's office on 2 November 2022 and 3 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and six relatives of people who use the service about their experiences of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Minor improvements were needed in the staff recruitment files to ensure they met with the requirements of the regulation. Gaps in staff employment history were not fully explored.
- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff employed to meet the needs of the people who used the service. People told us they had a team of regular, reliable staff. Comments included, "They arrive on time and always stay the full duration, completing all tasks," and "They do [name] the world of good and she looks forward to them coming. They are on time and have never missed a call."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe using the service. One person told us, "I am very happy with my carers. I always feel safe in their care." whilst a family member told us, "[name] is happy with everything about her carers who arrive on time and complete all their tasks with a smile. She feels very safe in their care."
- Staff had received training in safeguarding and knew how to raise any concerns. One member of staff told us, "I would report to my manager without hesitation."
- There were policies and systems in place to keep people safe. The registered manager understood their legal responsibilities to protect people and share important information with the local authority and the CQC.

Assessing risk, safety monitoring and management

- Care plans contained detailed information which ensured staff understood the needs of the people they supported. One person told us, "I have mobility problems and use a frame and wheelchair which they always carefully help me to access."
- People had comprehensive risk assessments in place that met their care requirements. These provided clear guidance to help reduce the likelihood of people being harmed.
- People's care plans and risk assessments were regularly reviewed and updated. This was done on a rolling schedule, or sooner if a person's care needs had changed.

Using medicines safely

- Clear information was documented in the care plan to ensure safe use of medicines. We looked at the

medicine administration records [MAR] and they showed records were regularly audited, kept in good order and people received their medicine as they should. Appropriate action was taken if any errors were identified.

- Staff received training in safe medicine management and were assessed as competent before administering medicine. Observations of staff competencies were regularly carried out to ensure continued safe administration and support of medicines.

Preventing and controlling infection

- All staff had received training in infection control practices and appropriate personal protective equipment (PPE) was provided. Staff told us they were supplied with enough PPE to carry out their work safely.
- The provider's infection prevention and control policy incorporated regularly updated processes to reflect changes in government guidance.

Learning lessons when things go wrong

- There were systems in place for staff to share learning and experiences. One staff member told us, "We share all the time, especially in staff meetings, and the office sends us emails with information that benefits us all."
- Staff understood their responsibilities to raise concerns and report them both internally and externally. Staff knew how to report accidents and incidents. Where accidents and incidents had occurred, they had been reported and appropriate action had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support needs were assessed prior to people joining the service to ensure that their needs could be met; this included a holistic approach to assessing, planning and delivery of care, relevant to people's communication support and sensory needs.
- Support plans set out current needs and demonstrated consideration of the longer-term aspirations of each person. One relative told us, "They [carers] encourage and support my mum to still be as independent as she can be and do not hinder her trying new things."

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills and knowledge to support them with their individual needs. One person told us, "I consider my carers well trained and experienced. They always complete all tasks and they have never let me down."
- Staff training records showed that a variety of courses were offered, such as autism, which was in addition to the mandatory subjects. Updated training and refresher courses helped staff continuously apply best practice. One staff member told us, "I feel very well trained and no issues with that at all. Any doubts with care, I would call the office for guidance."
- Staff received regular spot-checks, supervisions and appraisals and told us they felt well supported in their role. Staff were all positive about working with Cera Clacton on Sea and shared comments such as, "They make me feel worthwhile" and "I do feel valued even with all the changes."

Supporting people to eat and drink enough to maintain a balanced diet

- Not all people receiving care and support required meals to be prepared and served by the staff as their relatives completed this. Where people were supported to eat and drink, this had been identified as a need within the person's care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had an in-depth knowledge of the people they were caring for and spoke with genuine interest when discussing their care and support needs. For example, staff were able to recognise changes in a person's physical health and ensured the appropriate referrals were arranged.
- The service worked in partnership with other health professionals such as the community nurses to ensure people's healthcare needs were met. Staff were in regular contact with the appropriate professionals to ensure continued effective support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to be authorised people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were empowered by staff to make their own decisions about their care and support. One staff member told us, "Encourage as much as possible but you have to accept their answer because you can't force anyone."
- Care records recorded details of relatives who could support with decision making or advocate on the persons behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed good relationships with the staff and were happy with the care they received. One person told us, "They are patient and kind; I have a good relationship with them," whilst a relative told us, "The carers are very kind and compassionate, good at their job. They are lovely girls and I cannot fault them. [name] relies on them for all her personal needs."
- We observed staff treating people, who visited the office, in a caring and friendly manner, with good interaction between them. Staff were attentive to the needs of the individual and included them in conversations.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been consulted about the care and support they received. One person told us, "The carers are very aware of my care needs and I recognise how caring they are."
- The registered manager ensured a regular review of care needs was undertaken with people and their relatives to discuss what they thought was going well, what wasn't going well and where additional support could be provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives spoke positively about how their privacy and dignity was fully considered when providing personal care. Comments such as, "The carers are always observing [name] privacy and dignity, particularly when giving personal care" and another "They cater for all her personal needs, observing her privacy and dignity."
- Care plans included what people could do for themselves and where they needed support. One person's care plan noted, "I get confused but can make basic decisions when asked in a clear manner."
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. We observed in the office that computers were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care and support was personalised to suit their needs and wishes. This was because a detailed assessment was completed prior to a service commencing. People's views and wishes were always included as part of this assessment and plans were written in the first person so staff could easily identify what was important to each person.
- Care plans were comprehensive and provided current information on people's care needs. They were person-centred and appropriate. One support plan detailed where the service and GP had worked together to ensure the correct referral to the speech and language therapy team, when a choking concern had been identified.
- At the time of the inspection the service was not supporting anyone with end of life care.
- The provider had an end of life policy and procedure in place and we were assured staff had received appropriate training to support people in their end of life journey when needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether people required their glasses for reading or whether they needed their hearing aids in.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. For example, people were supported with regular visits to family members.
- People were supported to access the community and take part in activities of their choice where this was agreed as part of their care plan. One staff member told us, "Sometimes we might be the only person they see so it's good to make that time together more personal and social."

Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the providers policy and procedure. People had been given information when starting with the service. This included details on how to make a complaint and

signposted people to other organisations if they weren't happy with the service response.

- Staff were confident any concern or complaint raised in relation to care provided, would be dealt with appropriately. Staff comments included, "I would contact [name] first if I thought it was appropriate. I can always talk to someone higher up than her." and "if it was a small issue, I would go to the office first then I would go straight to the registered manager."

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.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives confirmed their view were sought. One relative told us, "I have had surveys and meetings concerning our views of the service. This service is robust and that's my observation. The office team is efficient and professional, and I would recommend this company."
- Staff felt supported, respected and valued by the provider who promoted an open, positive culture putting the people at the heart of the service. One staff member told us, "It is a good place to work. I love helping my clients, that's what I love most."
- The registered manager was friendly, approachable and focused on providing good quality person centred care. People were included in the planning of their care and were achieving positive outcomes. One person told us, "I am very happy with this local company who are well managed and organised. The office always answers the phone quickly and will update me with regular emails. They are very prompt at dealing with queries and I would definitely recommend them."

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 demonstrated a good understanding of their responsibility to be open and transparent when things went wrong. People and their relatives told us they would not hesitate to go to the registered manager with a concern and were confident it would be addressed appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager maintained good oversight of the service. A range of audits were in place to monitor the quality of the service and drive improvement.
- The provider understood the requirements of notifying the Care Quality Commission (CQC) of significant events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback questionnaires had been sent to people and those important to them. The responses showed levels of satisfaction with the service and once collated, the results were displayed and shared with the staff

to influence learning and drive improvement.

- Staff told us they were able to raise concerns and give feedback to managers easily. One staff member said, "I have not had any issues talking to [name]. I know they are very busy as managers so I don't always approach her, but I then know I can speak to [name]. I tend to take things that are non-urgent to [name]."
- The provider had a clear vision which demonstrated an understanding for people to achieve a better outcome, by recognising areas to improve staff wellbeing. One staff member told us, "Cera Homecare Limited are running some different things to do with our welfare and, because a lot of us are women of a certain age, there has been lots of different courses or talks around menopause and the impact to our health and wellbeing. They just understand and it's been so helpful."

Continuous learning and improving care; Working in partnership with others

- Staff meetings were held regularly where staff discussed individuals' needs and looked at ways to improve life for them. One staff member told us, "We can share all the time. We often work together and share between ourselves. [Name] and [name] put emails out with information that benefits us all."
- Peoples care files showed evidence of how the service worked with other health and social care professionals, in providing joined up care, such as GP's and various specialists specific to peoples' conditions. These were regularly reviewed to ensure peoples current or changing needs were being met.