

Cera Care Operations Limited

Cera - Old Stratford

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cera – Old Stratford is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 40 people were receiving support with personal care. 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.

People's experience of the service and what we found:

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

Staff supported people to have the maximum possible choice, control, and independence over their own lives. Staff supported people with their medicines.

Right Care

People received kind and compassionate care. Staff treated people with dignity and respect and understood and responded to their individual needs. Staff had training on how to recognise and report abuse. Staff understood how to protect people from poor care and abuse. The service had enough staff to meet people's needs and keep them safe. People's support plans reflected their needs and the risks posed.

Right Culture

People received good quality care and support. Staff knew and understood people well and were responsive to their care and support needs. Management and staff put people's needs and wishes at the heart of everything they did.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 March 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

When we last inspected Cera Old Stratford on 6 October 2022 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

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?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Cera - Old Stratford

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 inspection team consisted of 1 inspector, 1 medicines 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

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2023 and ended on 27 October 2023. We visited the location's office on 26 September 2023 and 28 September 2023.

What we did before the inspection

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 6 people who used the service and 7 relatives. We spoke with the regional manager who was overseeing the service whilst the registered manager was away, a senior care worker, two care workers and a care co-ordinator. We looked at a range of management records, including, medicines, quality audits and staff training.

We reviewed 8 people's care records including risk assessments and 4 staff recruitment records. The regional manager sent us documentation we asked for and clarified any queries we had. Electronic call monitoring data was also reviewed and analysed as part of this inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to mitigate risks. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face, including a home environmental risk assessment carried out to ensure the premises were safe for the person and staff.
- Risk assessments included the risks associated with nutrition and hydration, moving and handling, specific health conditions, medicine management and pressure care.
- Risks were mitigated in the least restrictive way possible. For example, a person's risk assessment stated, "I am unsteady on my feet and need assistance to mobilise. Please guide me to the commode, I may hold onto your arm for support."
- All staff spoken with were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

Using medicines safely

- People were supported to receive their medicines in a safe way, however we found some improvements were needed.
- Electronic medication administration records (eMARs) were written by the service to record the administration of medicines. Medicines were being administered in accordance with the information shown on the eMARs. However, we found it was not clear from the audit template whether staff had checked the accuracy of the eMAR against the medicines supplied. Whilst it was found no people had come to harm, the regional manager told us they would review and add to the MAR chart Audit.
- Staff received training in the safe management of medicines. Staff administering medicines had completed safe management of medicines training and staff were being assessed for their competency to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A person told us, "I can't fault them they make me feel safe." A relative said, "[My relative] tells them what to do. They feel safe with them."

- Staff understood what actions to take if they suspected somebody was being abused. Comments from staff included, "We report any concerns with our managers and families" and "[We] talk about examples in our supervisions to learn lessons."
- The provider understood their responsibility to report safeguarding concerns to the relevant authorities. Staff received training in safeguarding of vulnerable adults and children.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People and relatives told us staff never missed a visit but on occasions were late due to transport issues. A person told us, "[Care staff] are mostly on time, and [care staff] will let me know if there is a problem." A relative said, "The care staff are occasionally late but will let us know and its normally because there was a problem with the previous person."
- The provider operated safe recruitment processes. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.
- Staff told us they were given enough travelling time between visits.
- The provider used an electronic call system where staff logged their arrival and leaving times for each visit. This enabled lateness to be identified and reasons for this to be explored with the individual staff member concerned.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection.
- People told us staff protected them from the risk of infection. Responses included, "The carers wear uniforms, they wash their hands and sometimes wear masks when necessary" and "[Care staff] wear gloves and aprons and wash their hands."
- Staff understood how to prevent the spread of infection. Care plans included guidance for staff about how to reduce the spread of infection for the person such as sanitising hands and wearing the correct PPE.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made. Records confirmed this.
- The regional manager told us any feedback or improvements needed were shared with staff using formal staff supervision and team meeting arrangements.
- The provider had notified CQC appropriately of incidents that had occurred.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had attained up to date training to enable them to carry out their roles and responsibilities.
- Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported. Staff were supported to complete the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- Supervisions were completed to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us staff supported them and their relatives as needed with the provision of meals, snacks, and drinks throughout the day to ensure they had enough to eat and drink.
- Care plans included people's preferences in relation to food and drink and detailed the support needed to prepare and consume these.

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

- People were supported to live healthier lives, access healthcare services and support.
- People had access to health professionals as required. If staff were concerned about a person's health and

wellbeing, they would relay these concerns to the registered manager and the person's relative for escalation and action.

- A relative told us they were kept informed about their relative's skin integrity to ensure this remained good and if deterioration was noted, healthcare professionals could be contacted for ongoing support and interventions.
- Staff worked with local community nursing teams to provide people-specific training, awareness sessions and fact sheets relating to various health conditions, to support people to live healthier lives.

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.

- The provider was working in line with the Mental Capacity Act.
- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate a basic understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- Staff knew how to support people to make choices and people told us staff always sought their consent prior to providing support. For example, staff confirmed people were offered choices relating to food, drink, and clothing.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People received support from staff that ensured they were treated with care and kindness; and their care was person-centred.
- People spoke positively about how staff treated and supported them. Comments included, "[Staff] are absolutely marvellous, [care staff] could not be better." "[Care staff] are respectful and do everything I ask them to."
- Relatives also confirmed staff were caring. Comments included, "[Care staff] are very good, in fact excellent. We're happy with the care." "[Care staff] seem to know what they are doing. They don't seem rushed and have a laugh and a joke but treat us with respect." "[The care staff] are very nice to [our relative], they take into account [our relative's] spiritual and cultural needs."
- Staff described how they got to know people and their support needs. Comments included, "We assess people's needs. We find out what people want us to know." "We consider who is best to work with them."
- Records showed staff had received equality and diversity training.

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

- People were supported to express their views and make decisions about their care.
- One person told us, "[The manager] always asks how Cera Old Stratford are doing as we go through the care plan together. [Staff] communicate by phone or email, and they always gets back to me. The [manager] is very person centred, [they] really listen to what I have to say."
- Relatives told us communication with the domiciliary care service was good. Comments included, "We are occasionally asked for feedback or our opinion on things."
- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff received training in providing privacy & dignity in care. A person told us, "The [care staff] usually do a pretty good job They treat my [relative] with respect."
- Discussions with staff and information from people's daily care notes, demonstrated people were supported to complete their own personal care tasks where appropriate and to maintain their independence with eating and drinking.
- Relatives spoken with told us their family member was always treated with respect and dignity. Comments

included, "[Care staff] have a nice tone of voice with [my relative]. [Care staff] seem friendly and help [my relative] to do things for themselves like helping to dress but encouraging to do the bits they can themselves."

- People were supported to maintain their personal appearance to ensure their self-esteem.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People received care in accordance with their wishes. Comments included, "Managers went through my care plan with me. They listen to what I have to say, they aren't rushed." "[My relative] feels more confident in asking for what [my relative] wants."
- Staff demonstrated they understood how to deliver a person-centred service. A staff member said, "From the very first time we meet and greet people, by getting to know them, support them and their culture and values. We take into consideration what matters them and what they need. We are flexible."
- The regional manager told us how they ensured people received care in line with their wishes, "Our care staff follow the required direction in order to respect individual's characteristics."
- People had planned outcomes for each care intervention and their care plans were reviewed regularly to ensure the outcomes were still relevant.
- Care plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping or shopping.

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.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported. Care plans detailed what support people needed with communication including whether they used visual or hearing aids.
- The regional manager understood what was required under the Accessible Information Standard and explained for people, "Our guidebook talks about this, and asks how people would like to receive information, for example in larger font or a different colour. We make it accessible to them and or their relatives. We would be able to translate if they needed. We can adapt for them."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People and relatives told us they knew how to make a complaint if they needed to. A person said, "If I did

have to make a complaint, I would ring the office. I know who to speak to."

- A relative said, "There are good lines of communication with the office. They will contact me or the doctor if [my relative] is unwell. The App [Cera Old Stratford] (online remote access to care plans) use is a 'godsend', as it gives me and my siblings peace of mind."
- We reviewed the record of complaints and saw they had been dealt with appropriately stating when complainants were satisfied with the outcome.
- Inspectors found the providers technology used in providing the service to people was easy to use and accessible to the people and staff who used it. It promoted timely and responsive care and support.

End of life care and support

- At the time of this inspection, the service was not working with anyone at the end of their life.
- However, the provider had an end of life care policy in place and staff were trained in how to provide this type of care sensitively if needed. They had an end of life care plan template to detail the person's wishes, arrangements to manage pain and a daily assessment recording sheet. The regional manager told us they would liaise with palliative care nurses should the need arise.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality of the service. This was a breach of Regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, the provider had failed to take action to be compliant with requirements as set out in the warning notice issued on the 17 November 2021. At this inspection we found improvements had been made, the provider had oversight of people's risk assessments and care plan documentation and ensured they contained the information required to provide people with safe care. However the management team needed time to ensure these were embedded and sustained in practice.
- The registered manager had processes in place to monitor the quality and safety of the service. This information was used to help them to drive improvement, including the monitoring of potential trends and lessons learned. These included regular audits to review key areas, and supervisions and spot visits for staff. However we identified some areas of improvement in relation to audits at the service.
- We found it was not clear from the medicines audit template whether staff had checked the accuracy of the eMAR against the medicines supplied. Although no people had come to harm, the regional manager told us they would review and improve the MAR chart Audit.
- Records showed discrepancies with administration of medicines were identified the same day by staff and the records showed the discrepancies were resolved. However, the records did not give enough detail as to how the discrepancies were resolved. The regional manager agreed more detail was required when staff were resolving alerts on their call monitoring system to ensure a clear audit trail and lessons could be learned.
- The providers systems to monitor people's care calls was now effective, as improvements had been made with the deployment of staff to meet people's needs. The majority of people told us they received their care call on time or when they expected to.

- People, relatives and staff were complimentary regarding how the domiciliary care service was managed and most people could name all of the managers at the service. Relatives told us, "The whole team are friendly". "Managers seem friendly and approachable."
- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service.
- Staff spoke positively about the management of the service. Comments included, "Our manager communicates a lot more with care staff. [They] go through everything with us and will ask if unsure." "Our [manager] has done amazing."
- The regional manager understood their responsibility under duty of candour including carrying out investigations when things went wrong and where appropriate the need to apologise to people concerned.
- The provider had notified the local authority and CQC of concerns appropriately.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to give the registered manager and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- The regional manager told us there were no current equality issues with staff and the staff team were from a wide range of diverse backgrounds.

Working in partnership with others

- The provider worked in partnership with others to improve outcomes for people.
- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.