

# Cera Care Operations Limited

## Cera - Old Stratford

### Inspection report

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18 October 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# 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 77 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 using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there were a small number of people using the service who have a learning disability.

### Right Care:

Risks to people were not always identified or managed safely, as people's care plans and risk assessments did not always reflect people's current needs. People's care records did not reflect they had been provided with all the care they required. For example, where people required regular support to reposition to prevent skin damage.

Care was person-centred and promoted people's dignity, privacy and human rights. Staff had received training on supporting people with a learning disability, and autistic people. Staff understood how to protect people from poor care and abuse.

Medicines were safely managed, and people received their medicines as prescribed.

People were protected from the risks associated with infection because the service had processes in place to reduce the risk of infection and cross contamination and these were followed by staff.

### Right Support:

Some people received their care visits outside of the time that had been agreed and the provider had not always ensured people were kept informed of which staff would be attending their care visits and at what time.

People were supported to have maximum control, choice and independence through the care provided in their own homes. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

## Right Culture:

There were insufficient systems in place to assess, monitor and improve the service. Where the provider had identified issues with the quality of the service, they had failed to implement the changes required.

There was a positive and inclusive culture at management level, the management team worked well with partnership agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2021) and there were breaches of regulation. 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 the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

## Why we inspected

This inspection was carried out to check whether the Warning Notice we previously served in relation to Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The overall rating for the service has not changed following this focussed inspection and remains requires improvement.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cera – Old Stratford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

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

We have identified breaches in relation to the management of people's risks, management of care calls and the oversight of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

At the time of inspection, it appeared that we had not received statutory notifications for notifiable incidents. We are currently looking into this matter.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate** ●

The service was not 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

This inspection was carried out by 1 inspector.

#### 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 6 October 2022 and ended on 18 October 2022. We visited the location's office on 6 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority 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 5 people who used the service and 4 relatives about their experience of the care provided.

We spoke with 11 members of staff including 5 care staff, 2 care quality leads, a product manager who supported the electronic medicines management system, the registered manager, the area manager and the operations manager.

We reviewed a range of records. This included 9 people's care records and medicines records. We looked at 7 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance surveys and audits were reviewed.



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

### Assessing risk, safety monitoring and management

At our last inspection 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.

At this inspection, the provider had not made enough improvements and were still in breach of regulation 12.

- Risks to people were not always identified or managed safely. People's care plans and risk assessments did not always reflect people's current needs. Staff did not have clear up to date information to manage people's risks in relation to health conditions, nutrition and hydration, continence, moving and handling and falls. For example, 4 people's care plans and risk assessments contained inaccurate information in relation to moving and handling and falls risks. This placed them at risk of inappropriate and unsafe care and support.
- We reviewed 9 people's care plans. 7 of the 9 people required staff to apply emollient creams to maintain their skin condition. Fire risks related to the use of emollient creams had not been adequately assessed. Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it, they can soak into clothing, dressings and bedding leaving a flammable residue, which places people at risk from fire. One person was exposed to increased risk as they smoked cigarettes.
- People who were at risk of acquiring pressure sores did not receive the care and support to relieve their pressure areas to prevent pressure area injuries. Records showed staff had not repositioned people often enough to relieve their pressure areas.
- One person who required their nutrition via a percutaneous endoscopic gastrostomy (PEG) required staff to rotate the PEG to reduce the risk of it becoming embedded into the stomach wall. There were no records to evidence this task had been completed. (A PEG is a tube that is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.)

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This is a continued breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Some people received their care visits outside of the time that had been agreed. We received mixed feedback about the timing and consistency of people's care visits. One person told us, "They [staff] are too

stretched, they have to travel a lot. We're given an approximate time, but they don't always stick to it." A second person told us, "They [staff] come just after 9am, I'm happy with that. They're sometimes later, the latest they've been is 11.30am, they don't let us know." A third person told us, "They're not always regular, they're sometimes early, sometimes late, there have been discrepancies in the past but they're better now, they have improved."

- The system to monitor care visits was not used effectively. We reviewed call monitoring records for the two weeks prior to the inspection and saw that on many occasions people's care visits did not occur at the time planned. Due to the lack of consistency with call times there was a risk that staff would not provide care in a way that met people's needs.
- People did not always know which staff would be visiting them. The provider had not always ensured people were kept informed of which staff would be attending their care visits and at what time. Only people with access to information technology were provided with a staff rota. People told us they would like to have a rota provided, so they knew which staff would be delivering their care when their regular staff were not available.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the service.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible to all staff.
- Staff had received up to date safeguarding training and understood the procedures they needed to follow to make sure people were safe. One member of staff told us, "We can read the safeguarding policy and procedure. I've never had to raise a safeguarding but know they are reported to the local authority."
- People and their relatives told us they were safe. One person said, "I feel safe and comfortable with the staff."

#### Using medicines safely

- Systems were in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed and regularly audited. This meant we were assured people received their medicines as prescribed.
- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.
- PRN (as required) medicine guidelines were in place to ensure people received these medicines when required.

#### Preventing and controlling infection

- Staff had completed training in infection prevention. People told us staff wore personal protective equipment (PPE) and washed their hands regularly when they visited them in their homes. This meant the risks were reduced of viruses such as COVID-19 from being contracted and transmitted.
- Staff followed infection prevention guidance, which ensured people's care was provided safely.
- The provider had an up to date infection prevention and control policy in place. This contained strategies to protect people and staff from the risk of transmissible disease.

#### Learning lessons when things go wrong

- Lessons were learned. The management team reviewed incidents and used feedback from people and staff, to improve safety across the service. This learning was shared with staff to improve practice.



# Is the service well-led?

## Our findings

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

At the last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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.

At this inspection, the provider had not made improvements and were still in breach of regulation 17.

- The provider has been rated requires improvement in well-led and in breach of Regulation 17 at inspections in February 2021 and October 2021. At this 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. This meant people continued to be at risk of receiving unsafe care and treatment.
- Quality assurance systems were ineffective. There was a lack of oversight to review risk assessments and care plan documentation and ensure they contained the information required to provide people with safe care. Information about people's health conditions, nutrition and hydration needs, skin care needs, continence needs, moving and handling, falls and fire risks were not recorded. This placed people at risk of not receiving the care they required in these areas.
- Care documents contained insufficient or conflicting information. This meant staff did not always have information required to safely care for people. This placed people at risk of unnecessary and avoidable harm.
- Systems to review daily records were ineffective. There was a lack of oversight of records of people's care. When actions needed to be taken to ensure people were safe and well, the provider could not be assured staff had acted accordingly as staff failed to record actions as directed in people's care plans. For example, records of repositioning for people with skin damage, who were at high risk of further deterioration in their condition. This meant people were at risk of avoidable harm as there was no oversight of people's daily care needs.
- Systems to monitor people's care calls remained ineffective. The registered manager was aware people continued to receive their visits outside the times allocated on the rota. However, action had not been taken to improve the deployment of staff to meet people's needs. This impacted negatively upon the quality of

care people received. One person told us, "It's unfortunate with the carers, for example today our carer is off, they couldn't get one to replace so we had to wait, they're usually here between 7 and 7.30am, we were told they would be here for 9am, then they didn't arrive until 09.30am as they were stuck in traffic."

- At the time of inspection, a review of records indicated we had not received statutory notifications for notifiable incidents. We are currently looking into this matter.

The provider had failed to assess, monitor and improve the quality of the service. This is a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made improvements to the system in place for medicines management. A new electronic medicines management system had improved the oversight and management of medicines.

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

- The provider carried out an annual survey, results were analysed, and an action plan created to drive improvements. However, this had not resulted in the required improvements being made to the service, as demonstrated by the ongoing failings identified at this inspection.
- People, relatives and staff were asked regularly to feedback on the service. One person said, "They ask us for feedback, we had a telephone call." All feedback was logged, and any actions taken in response to feedback were recorded.

Working in partnership with others

- The management team worked well with other partnership agencies including the local authority and healthcare services.
- The management team were engaged and open to the inspection process and remained open and transparent throughout.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not have appropriate risk management plans in place for their known risks.</p> <p>Staff did not record all actions required to mitigate known risks to people.</p>

**The enforcement action we took:**

Imposed positive conditions on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate systems to monitor the quality of care that people received had not been implemented.</p> <p>Appropriate strategies to address previous breaches of regulation had not been deployed by the provider.</p>

**The enforcement action we took:**

Imposed positive conditions on the provider's registration.