

Cera Homecare Limited

Cera Prescott

Inspection report

Century House, 6th Floor
Suite 6 & 7
St. Helens
WA10 1QU

Date of inspection visit:
25 July 2023
28 July 2023
03 August 2023

Date of publication:
11 October 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Cera Prescott is a domiciliary care agency providing personal care to 263 people at the time of the inspection. The service is based in St Helens town centre and provides support to older people, people living with dementia and people with a learning disability.

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.

Right Support: Specific training was provided to ensure staff had the required skills to support people with a learning disability and autistic people.

Right Care: Staff were person centred in their approach which promoted people's privacy and dignity. However, positive behaviour support plans required more detail to guide staff in effectively supporting people.

Right Culture: Leaders lacked awareness of 'right support, right care, right culture' guidance.

People were exposed to avoidable risk of harm as systems to ensure the safe and proper management of medicines were inadequate. Medicines to reduce the risk of skin deterioration were not always given as prescribed. This placed people at increased risk of skin breakdown and poor health outcomes. Not all staff had their competency to administer medicines assessed in line with best practice guidance.

Not all records demonstrated risk was effectively assessed, monitored or mitigated. Lessons were not always learnt. The provider took some action to reduce the risk to people following recent incidents involving skin integrity. However, this was not fully robust and we identified that people with similar risks were not receiving the care outlined in their care plans to reduce risks associated with their skin.

The providers monitoring system were inadequate because failures identified at the inspection were not all known or acted upon.

People were not supported to have maximum choice and control of their lives and staff did not support

them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Systems were in place to monitor people's health, care and support needs, however, recent incidents had highlighted these were not always effective at ensuring concerns with people's health were identified in a timely way.

Care plans that were in place lacked person-centred detail. People's care needs were not always effectively reviewed to ensure care plans remained relevant and reflected their needs.

Some people told us they felt confident if they complained, they would be taken seriously. However, some people described communication difficulties with office staff.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. People and relatives we spoke with told us staff generally arrived on time, stayed the length of time they should and completed all care tasks. Spot checks were regularly carried out to ensure staff followed good infection control practices when completing care calls.

People told us they were supported effectively with food and drink and staff knew their likes and dislikes. People and relatives provided positive feedback about the skills and experience of staff. People were generally treated with kindness. There was some evidence people were involved in discussions about their care and their feedback about the quality of care was sought.

Staff mostly felt well supported and were guided in their role through induction, shadowing, training and supervision and appraisals.

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 4 December 2018. This is the first inspection since the new provider registered with us on 23 September 2021.

Why we inspected

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

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

The manager and the provider were responsive to the concerns we shared and took immediate action to reduce the risk to people using the service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent to care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Cera Prescott

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 was carried out by 2 inspectors. An Expert by Experience contacted people and relatives by telephone to gather their feedback on the care provided. 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 not a registered manager in post. Although the previous manager was still registered with the Commission, they were no longer in post. The new manager had been in post a number of weeks and they intended to register with the Commission.

Notice of inspection

The first day of the inspection was unannounced. We provided a short period of notice for the second and third inspection dates.

Inspection activity started on 25 July and ended on 7 August 2023. We visited the location's office on 25, 28

July and 3 August 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with the Commission. We sought feedback from the local authority. 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 9 people who used the service and 13 relatives about their experience of the care provided. We spoke with 20 members of staff including the manager, care coordinators, regional manager, field care supervisors and care workers. We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- People were exposed to avoidable risk of harm as systems to ensure the safe and proper management of medicines were inadequate.
- Multiple records showed people did not receive their medicines as prescribed. For example, there were no records to show 2 people received their medicines for several days and 2 people who required their medicines at a specific time, did not receive these on time.
- Medicines to reduce the risk of skin deterioration were not always given as prescribed. This placed people at increased risk of skin breakdown and poor health outcomes.
- We identified staff were administering medicines without appropriate records being kept. In addition, we were not assured all relevant information was included on medication administration records (MAR) to enable staff to safely administer medicines.
- When electronic alerts were received regarding missed medicines, follow up action was not always taken.
- Not all staff had their competency to administer medicines assessed. This meant there was a risk medicines could be administered by staff that did not have the skills to do so safely.

Systems had not been established to ensure safe and effective administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They took immediate action to review and update medicines records and assess staff competency. They also made a commitment to recruit a medicines co-ordinator to ensure medicines compliance across the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Not all records demonstrated risk was effectively assessed, monitored or mitigated. For example, the falls risk assessments for 3 people showed the risk level had not been scored. This included a person who was identified as a high risk of falls prior to the service providing care.
- Staff did not always follow control measures detailed in people's care plans to reduce risk, such as risks relating to skin integrity. This was not always picked up by the providers monitoring systems.
- The provider's safety monitoring systems were ineffective because failures identified at the inspection were not all known or acted upon.
- A review of recent incidents identified not all concerns had been escalated by staff and action was only taken when concerns were identified by other professionals.

- Lessons were not always learnt. The provider took some action to reduce the risk to people following recent incidents involving skin integrity. However, this was not fully robust. This led to further concerns about the management of skin risks being identified at the inspection.
- When safeguarding professionals made recommendations, action was not always taken in a timely manner to reduce the risk of similar incidents occurring. For example, timely action was not taken to ensure all staff received the recommended training for the effective identification and management of skin risks.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The failure to do all that is reasonably practicable to mitigate risk placed people at risk of avoidable harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action during and after the inspection. Risk reviews were undertaken to reduce the likelihood of harm, including risk relating to skin integrity, and action was taken to improve staff training completion rates.

Staffing and recruitment

- Staff were recruited safely and deployed in sufficient numbers to meet people's needs.
- We found no evidence care calls had been missed and, while the provider had a contingency plan in place for staffing emergencies, we identified this was infrequently used.
- The provider operated an electronic call monitoring system (ECM) which required staff to log in and out of care calls. The manager had identified some inconsistencies between the planned and actual call times. We were assured work was underway to ensure rotas were planned according to people's preferred call times.
- People and relatives we spoke with told us staff generally arrived on time, stayed the length of time they should and completed all care tasks. Comments included, "Everything is running smoothly. They always arrive on time" and "My [relative] is happy with the carers who usually arrive on time."

Preventing and controlling infection

- People told us staff mostly wore PPE and followed good hygiene practices to reduce the risk of infection spread.
- Spot checks were regularly carried out to ensure staff followed good infection control practices when completing care calls.

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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 authorise people to be deprived of their liberty.

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

- Consent to care and treatment had not been obtained in line with the principles of the MCA. This meant people were at risk of not having their human and legal rights upheld.
- Where there were concerns over a person's ability to consent to specific decisions in respect of their care, no assessment of their capacity to consent had been undertaken.

Processes were not robust enough to ensure people were supported to make decisions about their care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed that additional training had been provided in relation to the principles of the MCA.

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

- Systems were in place to monitor people's health, care and support needs; however, recent incidents had highlighted this was not always effective at ensuring issues were identified in a timely way. The provider understood the need to make systems more robust and introduced a new concerns logging system which was monitored daily to lead to more timely identification and escalation of health concerns.

- Care plans contained contact information about the relevant professionals involved in people's care and support. Following our feedback regarding medicines concerns, we noted improved working relationships with GP's to ensure the accuracy of peoples medicines records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Assessments of people's care needs had not always been completed in detail. Some care plans lacked detail around specific health conditions. This increased the risk of people not having their needs effectively met.

- Care plans outlined the support required for people to maintain adequate nutrition and hydration. However, further detail was needed to guide staff on managing dietary risks. For example, the nutritional care plan for a person who had diabetes did not contain guidance on the management of and risks associated with this health condition.

- People told us they were supported effectively with food and drink and staff knew their likes and dislikes.

Staff support: induction, training, skills and experience

- Staff mostly felt well supported and were guided in their role through induction, shadowing, training and supervision and appraisals.

- People and relatives provided positive feedback about the skills and experience of staff. Comments included, "[Staff] are very well trained and experienced. I can't fault them" and "They are well trained and know what they are doing."

- Staff were enrolled onto the care certificate at the commencement of their employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were generally treated with kindness. However, the lack of appropriate escalation of concerns to ensure people's care and support needs were met was not always demonstrative of a caring approach.
- People and their relatives were generally positive about the care provided. Comments included, "The carers are kind. We have a nice chat. They are never disrespectful" and "They [staff] are kind and caring, respectful, they are so patient and compassionate."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Communication care plans were not always sufficiently detailed to ensure staff could effectively communicate with people according to their needs and preferences.
- There was some evidence people were involved in discussions about their care and their feedback about the quality of care was sought. However, when people lacked the capacity to make decisions about their care, appropriate processes were not always followed, and relevant people were not always involved in the decision making processes.
- Staff were able to describe how they maintained people's privacy and dignity when delivering care. People provided positive feedback in this area. Comments included, "[Staff] is kind and caring and respects my privacy" and "They [staff] treat him very well, respecting his privacy and dignity."

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints management system was in place, and we were generally assured complaints were responded to in line with the provider's policy and procedures. However, not all records were well maintained. The provider was aware of the concerns and action was already being taken to improve the quality of the records.
- We received mixed feedback from people in this area. Some people told us they felt confident if they complained, they would be taken seriously. However, some people described communication difficulties with office staff.

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

- People's care needs were not always effectively reviewed to ensure care plans remained relevant and reflected their needs. However, staff knew people well, including their likes and dislikes and people told us they were supported in line with their preferences.
- There was limited focus on positive behavioural support planning to better meet the needs of people with a learning disability and autistic people.
- Care plans that were in place lacked person centred detail. However, the provider was in the process of implementing a new care plan template which allowed for much better detail. The care plans updated during the inspection process did contain more detailed, person-centred information to better guide staff on meeting people's needs, preferences and managing risk.

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 understood their responsibility to make information accessible and inclusive.
- Staff had introduced communication aids to support one person with a learning disability to make choices and express themselves.

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

- Where people required support with activities, records showed their interests were considered in helping

to produce an activity programme which was tailored to them.

- Staff knew the importance of supporting people to stay in touch with their loved ones. Care plans contained contact information for relatives and friends involved in people's lives.

End of life care and support

- Peoples end of life wishes were discussed and recorded.

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 for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were exposed to an avoidable risk of harm as governance processes were inadequate.
- The providers monitoring systems did not identify the action needed to improve the quality and safety of the service. Therefore, not all shortfalls found at this inspection were already known or acted upon.
- Multiple breaches of regulation found during the inspection demonstrated the provider was not clear about their role and regulatory responsibilities and was unable to demonstrate they could meet the fundamental standards of care.
- Systems to ensure the safe management of medicines were inadequate. Medication audits failed to identify the concerns found with medicines administration records. Therefore, opportunities were missed to improve safety and reduce the risk of harm to people.
- Care plan auditing systems were not robust and would not lead to the timely identification of a change in people's care needs or identify shortfalls in quality. There was an increased risk people's needs would not be met.
- Safety monitoring systems were not robust and there was a lack of oversight of areas of risk. Early opportunities for learning and risk mitigation were missed.

The provider failed to ensure there were effective governance and quality assurance measures in place. This had resulted in people being exposed to the risk of avoidable harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager were receptive to the concerns found during the inspection and took immediate action to reduce the risk of harm. They made a commitment to add additional resources to improve the quality and safety of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Governance arrangements did not always promote the provision of high-quality care.
- Leaders lacked awareness of best practice guidance in relation to supporting people with a learning disability and autistic people. However, we were generally assured that staff delivered care to people which

was consistent with the principles of the guidance.

- Processes were in place to gather people's feedback and the manager understood the importance of using this feedback to improve care standards.
- We received mixed feedback from people and their relatives about the running of the service. Comments included, "I know the manager and consider the service well led and managed. They check sometimes if I have any complaints or concerns, but I don't", "I do not think the service is well managed. If I leave a message, I don't get a response" and "I don't think the management is very good. They are getting better. They are more organised now, it is settling down."
- The manager and provider understood their duty to share information in an open and honest manner. They approached the inspection process with transparency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Processes were not robust enough to ensure people were supported to make decisions about their care and treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> <p>There was a failure to ensure effective governance and quality assurance measures were in place.</p>

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>Systems had not been established to ensure safe and effective administration of medicines.</p> <p>There was a failure to establish systems to effectively monitor risk and do all that is reasonably practicable to mitigate risk.</p>

The enforcement action we took:

warning notice