Gemcare South West Limited

Cera - Plymouth - Extra Care Scheme

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cera – Plymouth – Extra Care Scheme provides care and support to people living in specialist 'extra care' housing schemes. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building.

This extra care scheme was provided over seven different blocks of flats within Plymouth and the surrounding areas. The accommodation is rented and is the occupant's own home. Peoples' housing was provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at peoples' personal care and support service.

Not everyone who used the service received personal care. The CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where this type of support is provided, we also consider any wider social care provided. At the time of our inspection there were 190 people using the service who received personal care.

Peoples' experience of using this service and what we found
People, their relatives and staff raised concerns around staffing levels and people gave examples of where this did not always meet peoples' needs. Improvements were needed to ensure people were fully protected against some of the risks associated with medicines.

Although staff received a training and induction package, people, their relatives and more experienced staff did not feel that all new staff were always competently trained to support people effectively. Staff told us they would like a mixed approach in relation to training which was primarily provided via an online platform. Staff responses about support through supervision and appraisal was varied.

Whilst people spoke positively about being treated with dignity and respect by staff, some people told us of significant communication issues with some staff whose first language was not English. Some people raised concerns around not being given choice relating to staff and appointments.

We received mixed feedback from people and their relatives about the level of involvement they had in their care. We have judged improvements were needed to ensure a consistent approach. There was a system to receive and act on complaints, however it was evident that some complaints made at individual schemes were not communicated to the service management.

Staff spoke positively of the registered manager and other managers at this service, but were less positive at times about the new provider of the extra care scheme. They gave examples of how they felt this had impacted on morale.

The current governance systems in operation had not identified the areas of concern we found during the

inspection which meant people were at risk of not receiving care in line with their assessed needs and preferences.

Risks of abuse to people were minimised. Staff had received safeguarding training and the service had appropriate safeguarding systems and processes. Staff understood safeguarding reporting processes. Care plans identified risks and highlighted risk management strategies.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

Most people and their relatives commented positively about the registered manager and the quality of care their family member received. No significant concerns were raised about the quality of care provided. There were systems for people to feedback to the service management about care experiences and peoples' views were sought through questionnaires.

The service worked well with other professionals and we received positive feedback from a healthcare professional we contacted about both the care provided and the standard of care delivery and leadership at the service.

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

Rating at last inspection
This service was registered with us on 19 February 2021 and this was their first inspection.

Why we inspected
This was a planned inspection.

Enforcement and Recommendations
We have identified breaches in relation to staffing and governance. We have also made a recommendation around the current systems in place for supporting people with their medicines and a recommendation about training provision.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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? The service was not always safe	**Requires Improvement**
Is the service effective? The service was not always effective	**Requires Improvement**
Is the service caring? The service was not always caring	**Requires Improvement**
Is the service responsive? The service was not always responsive	**Requires Improvement**
Is the service well-led? The service was not always well-led	**Requires Improvement**

Cera - Plymouth - Extra Care Scheme

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 Care Act 2014.

Inspection team
The inspection was conducted by two inspectors, an assistant inspector and two experts by experience with experience of care of older people. An expert by experience is a person who had 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection started on 12 July 2022 and ended on 15 July 2022. We visited the location's office on 12 July 2022.

What we did before the inspection
We reviewed information we had received about the service since the last 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 five members of staff, which included the registered manager, the care manager and members of the provider's regional management and quality team. We reviewed a range of records including records relating to the care and support provided. We reviewed additional records which included staff files in relation to recruitment and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regarding the management of the service.

After the inspection
After our visit we continued to seek feedback from people using the service, relatives and staff to obtain their views of the service provided. We also contacted four healthcare professionals. We received feedback from 22 people using the service, 17 relatives and a further 13 staff members. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 as 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.

Staffing and recruitment

- People and staff at the service told us staffing levels were not always safe placing people at potential risk of harm. People said their call times were irregular and some told us they did not have a consistent staff team. This meant care was not always delivered in line with their needs and preferences.
- The registered manager explained there were currently a number of vacancies in the service and that there was a continual recruitment process ongoing for new staff.
- One person said, "There are lots of different carers all the time. I never know who is coming and there are lots of new carers who don't know what they are doing." Another person commented, "I have carers three times a day and a different one every time. You have to tell them over and over again what you need. We have had a lot of changes."
- Another person told us how they currently felt unsafe and said, "One night this week no one came at [call time]. I rang and was told I was not on the list. I have that call booked every night. I complained and [staff member] said I was on the list and the carer had forgotten someone else that night too. There is one carer on at night for 42 flats and I'm not confident that one of them would know what to do in an emergency. That makes me feel unsafe."
- Peoples' relatives gave mixed feedback on the staffing. One told us, "A few times carers haven't turned up for [person's name] evening visit. In the mornings they can be really quite late – it's not so bad because [person's name] can get herself up." Another said, "There are different carers all the time and it really has an impact. For example, one of the carers said, "Let's try to walk", but [person's name] can't walk anymore and it could be really dangerous."
- We received mixed responses from staff in relation to staffing levels, with most telling us they felt staffing was inadequate. One said, "Staffing is an issue and especially at the weekends and you do not know who you will be working with and it can be very frustrating. They are trying and we have had a manager for short period at [scheme name] after Christmas but then they left so it is a lot of extra stress for [staff name] as they cover all the schemes, so at the moment we are left with no managers again – to be honest it is not a good firm to work for." Another staff member said, "We are short of staff quite a lot of the time. It is usually covered between our own staff – no I don't think it impacts on the people at all just the staff here."

The current staffing deployment at the service did not consistently ensure people would be safe and have their needs met. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were effective recruitment and selection processes in place. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were

completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

● Most people told us they were happy with the level of support they received from staff in relation to their medicines. However, we received information from people and staff that indicated improvements were needed to ensure peoples' safety.

● People required variable support with their medication from staff at the service. For example, some required full support from staff and others were completely independent.

● Most people we spoke with confirmed they received the support required from staff and no concerns were raised. However, some less positive concerns were raised. One family member told us, "In the past month we have noticed a few times that a tablet has been missed and left in the blister pack. Both times since [person's name] has come back from hospital and both in early evening. We mentioned it to the carer and she just laughed." Another relative told us about an incident where the person was double medicated due to an error and it required escalation to a healthcare professional.

● Staff confirmed they received medicines training and also that spot checks were completed on their practice by senior staff. However, some staff we spoke with gave accounts of when peoples' medicines had been mismanaged and they had been left a period of time without their prescribed medicines. This meant people were put at potential risk of harm. It was unclear if this was due to issues with the prescribing of medicines, however it does not evidence people received timely support to meet their needs.

● There were governance systems in operation, however these were not fully effective. For example, a sample of medication records we reviewed highlighted some staff were not accurately recording variable dose 'as required' medicines. We highlighted this to the registered manager who immediately took steps to rectify this.

We recommend the provider seeks advice and guidance from a reputable source about the safe management of medicines in extra care settings.

Preventing and controlling infection

● Most of the feedback we received around infection control was positive, However, some people and staff told us about areas that could be improved.

● Staff had received training in infection control to aid them in delivering good hygiene practices when delivering care and support.

● Most people we spoke with said staff were following good Personal Protective Equipment (PPE) guidelines in relation to the COVID-19 pandemic. However, we did receive a very small number of comments that indicated not all staff were consistent in following infection control measures. During our calls with people, two said staff did not always wear masks.

● Most staff said there was sufficient amount of PPE available to them. However, two staff employed at The Rise scheme told us PPE could often run out. One commented, "At the moment we are having trouble with ordering some PPE and paper hand towels as we cannot get any, we are just drying our hands with our aprons or the shower curtain - we have told our housing manager."

● There were management systems in the way of spot checks and observations to help ensure that staff compliance with PPE and infection control practice was monitored.

Assessing risk, safety monitoring and management

● Peoples' individual risks were assessed and measures to mitigate risk were in place.

● Staff told us they had access to care plans via their smartphone devices provided by the provider. These contained the risk management measures in place for people for staff to follow whilst supporting them.

● People and their relatives told us that staff encouraged them to maximise their independence when they were receiving care.
● Peoples' environmental safety was assessed and recorded in their care records. This ensured risks to people within their homes were identified and also ensured staff were aware of any internal or external risk and hazards.
● One care record we reviewed contained inaccurate information in various sections and did not always appear to relate to the right person. This was identified to the service management who made immediate changes.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person said, "It's nice here. I like my carers. I have an alarm that keeps me safe." A relative said, "It's a huge weight off our minds, [person's name] couldn't manage independently and now [person's name] is in a safe place and is so, so happy."
● The provider had appropriate polices and systems and processes to manage safeguarding concerns.
● Staff were aware of their responsibilities in relation to the identification and escalation of safeguarding concerns. Staff received safeguarding training updates.
● Comments we received from staff included, "If I had any concerns or witnessed abuse, I would pass it onto team leader." Another said, "I would record what I saw and report it to my line manager immediately and make sure that person was removed from the client. I do have an information booklet and was given the code of conduct on my induction."
● There were systems operated by the service management that ensured any safeguarding concerns were investigated and escalated to the relevant third party agencies.

Learning lessons when things go wrong
● There were systems in place to ensure that learning could be identified where incidents or accidents had occurred. We saw records relating to this on the registered managers governance system.
● There were governance systems in place to monitor reported accidents or incidents to establish patterns or trends.
● There were systems to communicate any learning internally with staff via messages sent to staff through the care planning system.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that peoples' 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 as Requires Improvement. This meant the effectiveness of peoples' care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some people did not feel well cared for by new staff as they felt there was a decline in their competency levels.
- One person said, "I think some have and some don't have the skills. Some are better than others. The new ones need more training." Another person said, "New carers need more skills and training." Another commented, "Not all of them are trained or skilled. They should know what to do."
- Staff gave mixed feedback on their training. Most told us they felt there should be more training provided in addition to the online package. One staff member said, "I know the future maybe online training and it is ok for experienced staff, but if you get an inexperienced staff member they do a bit of online training, watch a few videos, they do two or three shadow shifts and then they say go for it and they are given a schedule. I would not want them going in to see my Mum or Dad."
- Staff commented on how some people would no longer accept care from certain staff. One said, "The morale of the service users are also very low. We get some staff in that service users will point blank refuse to have and then that puts pressure on the rest of the staff so we don't necessarily need loads of new staff, it is just staff that want to do the job properly."
- There was a continued training package for staff that was online. There were provisions for practical training in the registered office but we received mixed feedback on the frequency staff received practical training such as moving and handling. Some staff commented on how the current low staffing levels had meant they had to cancel their training to provide care to people instead.
- Staff had completed an induction when they started work at the service, which included classroom and practical training. The induction was aligned to the Care Certificate which is a recognised set of minimum industry standards for care staff. The induction formed part of a probationary period which was used to assess competency and suitability.
- There were systems in place to provide staff with supervision and appraisal and we saw records of supervision and appraisal. The feedback from staff was very variable as to how frequently they received any supervision and appraisal, but all told us the service management could be contacted for support if needed.

We recommend the provider reviews the current training provision to ensure it is suitable learning for all staff to promote consistent standards of care delivery.

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

- Assessments of peoples' needs were comprehensive, expected outcomes were identified and care and support was reviewed.

● The service carried out pre-assessments in partnership with the funding authority before they started receiving a care package. This was to ensure peoples' needs could be fully met.
Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People and their relatives told us that staff knew how to respond to peoples' specific health and social care needs, for example recognising changes in a person's physical health.
● People required varying levels of support in relation to accessing healthcare services. Some people told us they were fully independent and others told us they required support from relatives or staff.
● One person commented on how the staff had noticed a change in them and immediately escalated it. They said, "A carer noticed one night I was being sick and she called an ambulance." A relative told us, "[Person's name] had signs of a [medical condition], as soon as I raised it the carers did a test and sent the information to the surgery and [person's name] got their antibiotics really quickly."
● The feedback we received from other healthcare professionals was positive. One commented, "I found Cera care workers very professional in their manner when I have visited and always willing to 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 authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● At the time of our inspection, the registered manager told us there were no people subject to any Court of Protection orders.
● People told us that staff sought their consent prior to any care or support being delivered. One person said, "They [staff] do ask me first and I do tell them what I want. No carer has been impolite to me." A relative said, "[Person's name] will tell them if [person's name] doesn't want to do something. They ask them and [person's name] will say what [person's name] wants."
● Peoples' capacity to consent had been assessed as part of the care planning process and this was recorded. Staff understood the principles of the MCA and how it impacted on their work.
●There was a system to record if people had a registered Lasting Power of Attorney (LPA) in place. The registered manager told us that reviewing LPA documentation formed part of the initial assessment process. We saw examples of these records with care documentation.

Supporting people to eat and drink enough to maintain a balanced diet
● People received different levels of support with food and drink depending on their individual needs and preferences.
● Peoples' care plans detailed their food and drink preferences where relevant to ensure they received

consistent support.

● Over the seven different extra care schemes there were different arrangements regarding meals. For example, some of the schemes had on site dining facilities but others did not, meaning people privately managed their food arrangements.

● People and the relatives said they received the right level of support with food and drink. One family member told us, "They [staff] make lunch and ask what [person's name] would like. At breakfast they make toast and then have a little chat. [Person's name] has put on weight since being there and we are pleased as [person's name] had lost so much weight living on her own."

Requires Improvement

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.

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

- We received mixed feedback from people in relation to their care experiences. Whilst some were very positive, others told us their experiences were not as positive and we have judged improvements could be made.
- Some people told us they did not feel they were involved in decisions about their care. For example, one person told us, "Experienced carers are sweet and know what they are doing, they make me laugh. The less experienced carers need more training. I had a big row with the manager about them and she said I have to have what I have." This did show people were always able to be involved in decision making about care.
- A number of people we spoke with told us of significant communication barriers between some staff whose first language was not English. They told us they were worried some of the carers did not understand instructions. One said, "Some of the new people can't speak English and some of them I can't make them understand what I need." This meant people were not fully involved in decision-making.
- Some comments from people explained how they felt rushed at appointments. For example, one person said, "They are very short staffed and they don't have time to chat at all, they are very, very busy all the time." Another said, "I get on with most of the carers but some have an attitude problem and the social worker told me they have had some complaints about carers attitudes."

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

- Whilst some concerns were raised, some people were positive about how they were treated and respected.
- The comments we received from people and their relatives included, "The carers are very warm, caring and kind. We have a chat." Another person said, "The quality of carers is excellent. We know each other and have bonds of friendship." A relative we spoke with commented, "The carers are excellent. Very caring people who look after [person's name]."
- Staff told us they wanted to do the best for the people they supported. One told us, "We are quite friendly with the clients. We see them every day and we chat to them all the time and treat them as kindly as possible. We greet people according to how they like to be greeted." Another staff member said, "I always have conversations with people and interact with them and some people do not see anyone else, so I always stop by and see how they are doing and see how their day has been."
- The service had received written compliments from people and their relatives. These were on display in the registered office. One read, "May we thank you and your team for all the kindness shown to [person's name]. Another card said, "Just a little something to say thank you for all of the love and care you showed [person's name] during her time here."

Respecting and promoting peoples' privacy, dignity and independence

● People and their relatives commented positively about how staff respected them and promoted their independence, privacy and dignity.

● Comments the inspection team received included, "They are very attentive, very caring and respectful." Another said, "I'm respected by them, because if I need personal space then I get space. There are no problems." A relative commented, "Everything they [staff] do is respectful. They have a laugh and joke with [person's name] and make their life better."

● Staff told us how they maintained peoples' privacy and dignity when assisting with personal care. One staff member said, "We just maintain their dignity with personal care and having curtains pulled and doors shut. It's just taking time with people and talking to them all the time when we are doing things so they are aware of what is happening."

● People were encouraged to be as independent as possible; support plans detailed the level of support people needed. This included, for example, in relation to their independence with mobility and personal care.

● People commented positively on the level of independence afforded to them by staff and the encouragement given. One person said, "I do like to be independent and they [staff] do encourage me to walk and help myself with things but they help me when I need a bit extra." A family member said, "The carers encourage [person's name] to do as much as they can and they always ask if [person's name] wants help, they don't just do things for them."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant peoples' needs were not always met.

Improving care quality in response to complaints or concerns
- Improvements were needed around the management of complaints as some people and their relatives felt it was not always an effective process.
- There were regular opportunities for people and their relatives or representatives to raise issues, concerns and compliments. This was achieved through on-going discussions with staff and members of the management team.
- People were made aware of the complaints system when they started using the service and had access to the complaints procedure via their service user guide.
- Some of the people we spoke with told us they had never made a complaint or needed to make a complaint, but would feel comfortable doing so. However, others did not have the same experience. One relative said, "I've complained a couple of times about [some staff members] lack of understanding and use of English language. I've talked to a couple of care managers but things don't get sorted out. It takes a long time or not at all." One family member raised concerns with the 'Area Manager' in relation to commodes not being emptied and carers not staying the full length of time for a care visit. They told us these had not been responded to.
- There was a system to receive, investigate and respond to complaints in place. However, the complaints people and their relatives told us they had made were not featured on the management governance systems. This indicated the system was not fully effective and that the registered manager may not be fully aware of what is being reported at local level across the seven different schemes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;
- We received mixed feedback on how involved people or their family felt about involvement in care planning and delivery. Improvements were needed for a consistent approach.
- Care plans were personalised. Records were unique to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Some people were positive about their involvement. One commented, "I have it [care plan] in a folder. They [staff] know what jobs I need doing. Originally it was discussed with me." Another said, "We discussed my care needs with the senior carer. I was listened to and my family was also involved."
- Some people and their families did not share this experience. One person said to us, "I've never been involved in my care plan. I expect it is written somewhere but I haven't seen it and I wasn't involved, not even at first." A family member commented, "Our care plan was really out of date. The social worker was also concerned. The care plan said there was no Power or Attorney but I have had Power of Attorney for 10 years. The manager does the care plan, family not involved, and then just sends a form saying are you happy the care plan has been updated and I have to go in and have a look at it. I don't have a copy."

● We received mixed feedback on the online smartphone application available to allow access to people and their families to care plans. Many people and the relatives told us they had no access to the online care planning application or did not know of its existence. A relative said, "I don't know where it is [care plan] but now it is online. I have not been offered online access." Other relatives however told us they had access to the online application. This demonstrated an inconsistent approach to care planning.
● Care files included information about peoples' history, which provided a timeline of significant events which had impacted on them, such as issues with their physical and mental health. peoples' likes and dislikes were detailed in care plans.
● Staff spoke about the care plans and the level of detail they held. They told us it supported them to do their role. One said, "Yes, all the care plans are on our phones and we read them all. When I go into work I go into my phone and look at the previous reports and see how people are, if they have eaten, how much fluids they have taken. All their life histories and everything is all on the phones and all how they like thigs done and their family and everything is there."

Meeting peoples' communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Peoples' individual communication needs were assessed and recorded in care plans. Staff knew people well and responded to their individual communication needs.

End of life care and support
● At the time of our inspection, the registered manager told us no one was receiving end of life care. However, the registered manager advised us that should a person chose to remain at home at the end of their life the service would work with other appropriate professionals to facilitate this.

Requires Improvement

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 as 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
●There was a range of audits in operation to monitor the health, safety and welfare of people at the service and additional auditing was undertaken by the provider. However, the current governance arrangements had failed to identify the concerns identified during the inspection relating to staffing deployment, stability and competency, some aspects of medicines management, suitability of training provision and the oversight relating to some complaints.

The inadequate governance in relation to staffing deployment may present a risk to people. Current arrangements were not fully effective around medicines management or receiving and acting on complaints. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●There was a clear structure at the service and through conversations with staff it was evident they understood their individual roles and responsibilities and who they reported to.
● During our conversations with people using the service and their relatives, it was not evident that senior management, for example the registered manager or provider level staff, were known to them. Nearly all of the feedback we had about the service management related to the individual scheme managers and not the registered manager. In one scheme, some relatives identified the buildings manager, who is not employed by the provider, as 'the manager.'
●The provider had notified CQC in full about any significant events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
● Nearly all of the information we received about the leadership of the service was positive. However, we received less positive feedback from some staff about the service since the new provider took over operations.
● Staff were positive about the registered manager, another manager in the service and the individual scheme managers. However, comments about the provider included, "I don't think Cera is very well run at all because if there is an issue over [scheme managers] head it is hard to get hold of people higher up." Another said, "Well, it was ok at [scheme name] up until the pandemic and Cera took over and the morale

started to go downhill." Another comment was, "With this provider specifically, they don't understand extra care – they treat it like they are out on the road and they give us 15 minute slots and they don't realise we are all in the same building and we have a duty to answer the bells they may not be on our list but we have a duty to help them."

● Staff gave accounts that some of them are still wearing the uniform of the previous provider despite the new provider assuming operations in February 2021. Other staff told us about wage slips being very difficult to understand and wages being frequently incorrect which had an impact on morale. They did however state the service management rectified issues quickly. Staff told us contacting anyone in Cera Care's senior team was problematic.

● People and relatives gave mixed feedback on the current operation of the service. One relative said, "I don't know the manager from Cera. I know the [scheme name] manager. I don't have any regular contact from them." All other people and their relatives referred only to the scheme manager as a point of contact and not the service or provider level management.

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

● Some people were engaged and involved in the service. Some people told us they were involved in choices about their care delivery and were encouraged to express themselves. We have highlighted in the 'Responsive' section of this report how this was not always consistent. This was evidenced through peoples' feedback and their care records.

● Most people told us the service communicated with them, but this was at local level and not at a service management level. People confirmed they received questionnaires and surveys to seek their views and confirmed that spot check visits were completed that monitored the care they received.

● Staff felt they were kept updated by their individual scheme manager. The registered manager showed us staff meeting minutes and communication they had sent to staff advising them of updates and developments.

Continuous learning and improving care; Working in partnership with others

● The service worked with other health and social care professionals to meet peoples' specific needs. This included, for example, social workers from the local authority.

● We only received feedback from one healthcare professional. This was positive about their relationship with the service and the staff that supported people across the schemes.

● The local authority shared information with us prior to the inspection about a recent quality visit. This showed that positive feedback had been received from people.

● The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.

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 service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service's policies.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective governance to identify and manage risks relating to peoples' care and treatment. Regulation 17(2)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to consistently deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet peoples' needs. Regulation 18(1)