

Cera Care Operations Limited

Cera - Wiltshire

Inspection report

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19 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cera - Wiltshire is a large domiciliary care agency which provides care and support to people living in their own homes within Wiltshire. There were 313 people using the service at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care.

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

The feedback we received from people and relatives was mostly positive. Every person we spoke with told us they felt safe. This was in relation to staff conduct, the use of equipment and being able to summon help when needed.

People and relatives told us they mostly had no issues with their support regarding medicines. One person had specifically timed visits due to time critical medicines. Another person had some errors with their medicines administration and this was followed up with the registered manager. This part of the service had improved since our last inspection.

The provider had devised new care and support plans which were detailed, thorough and provided information and guidance to staff. Individual risk assessments were incorporated into the care plan specific to the person's needs. There were actions to take and signs to monitor for staff to minimise the identified risk. This part of the service had improved since our last inspection.

The provider had developed more robust methods to audit the service. This meant any shortfalls were identified and actions taken to amend and improve the service given. This meant that people were receiving a service which was more closely monitored and well managed. This part of the service had improved since our last inspection.

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.

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 this service was requires improvement (published 21 June 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cera – Wiltshire on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cera - Wiltshire

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 carried out by one inspector and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who used this type of care service.

Service and service type

Cera - Wiltshire is a large domiciliary care service which provides support to people living in their own homes.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 5 days' notice of the inspection site visit as consent was required to make telephone calls. Inspection activity started on 12 November. We visited the registered office on 19 November and we reviewed records off site and telephoned people, relatives and staff. The inspection ended on 20th November.

What we did before the inspection

Before the inspection we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We made contact with thirty people and nine relatives to gain feedback about their support. We spoke with and gained feedback from 15 people and eight relatives. We spoke with six members of staff including the registered manager and the care manager. We reviewed a range of records. This included six care and support plans, medicines records and risk assessments, medicines audits and feedback questionnaires.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted ten health and social care professionals who have regular contact with the service and received feedback from two.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection on 21 June 2019, there was a breach of Regulation 12 Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. Risks to people's safety were not always identified. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 12.

Using medicines safely

- At our last inspection, medicines were not managed safely. At this inspection improvements had been made to the administration, recording and auditing of medicines.
- People received their medicines safely.
- The provider had reviewed the Medicines Administration Records (MARs) and subsequently developed a new paper system. Staff told us this system was clear and easy to understand.
- People and their relatives told us staff provided support to receive their medicines safely and on time. People were risk assessed and provided with a level ranging 1-3, of required support.
- People's care and support plans contained details of the support they needed with their medicines. For example, one person required time critical medicines. Times of visits were linked to when medicine administration was required.
- Medicines taken 'as required' (PRN) had accompanying protocols in place to ensure they were administered correctly and with the required effect.
- The medicines audit system had been reviewed and improved. They were detailed and carried out regularly. Audits looked at had identified minor errors and where PRN protocols required more detail, the actions taken were recorded.

Assessing risk, safety monitoring and management

- People were assessed for risks to their safety.
- Risk assessments included an assessment of people's homes and any actions needed to provide safe care.
- People had individual risk assessments in place based on their specific medical, physical and mental health needs. These included fact sheet guidance to staff on the condition, how it may present and actions to take to minimise the risk. Examples included, an allergy to shellfish, smoking and the use of emollient creams and the risk of stroke from high blood pressure.
- Staff we spoke with told us they knew more about people's conditions and how it affected them. They told us they felt more confident in how to monitor people's risks and signs to look out for.

Staffing and recruitment

- The registered manager told us they were continually recruiting, but staffing levels were currently stable.

- People and their relatives gave mostly very positive feedback about the staff who provided their care and support. Examples included, "I can honestly say that all of my care staff deserve a score of 110%. The care they give to me is excellent. They always have the time and never rush me, they are all very kind and caring" ; "I think we are very lucky with the carers, I'm very, very, happy" and "The best thing is the individual carers, I feel blessed with the combination of people going in."
- Appropriate recruitment checks were undertaken before new staff started to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had effective safeguarding systems in place.
- People told us they felt safe. Comments included, "We both feel safe" ; "No need to worry, I feel perfectly safe with the care I get" ; "They make sure I have my lifeline on" ; " I always feel safe with them and comfortable" and "I receive personal care and I feel entirely safe with them, but especially with [name] who is my main carer. Her manner is very reassuring."

Preventing and controlling infection

- People were protected from the risks of infection.
- Effective procedures were in place to prevent the risk of infection and extra measures were taken to prevent the risk of coronavirus.
- People and relatives told us the staff always wore the correct amount of personal protective equipment (PPE) and washed their hands regularly.
- Staff told us they had access to plenty of quantities of PPE and they had never run out. Staff told us they had received updated training and regular reminders and guidance on how to keep people and themselves safe.

Learning lessons when things go wrong

- The provider responded appropriately to incidents. Lessons were shared following any investigation.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection on 21 June 2019, there was a breach of Regulation 12 Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's needs were not always clearly reflected in their care and support plans. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 12.

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

- At our last inspection in June 2019 care plans did not reflect people's preferences of times of visits. People did not always receive visits at the times they were expecting. The support people received did not always meet their needs.
- At this inspection improvements had been made. People's care plans were more personalised detailing how they would like their needs to be met. Staff were more consistent in who they supported. However, there were mixed views on the timings of visits.
- Examples included, "They are very flexible, if I have a hospital appointment and I ask them to come one hour early they come one hour early" ; "Everything is fine but sometimes they don't get here till 11:30, it's not their fault it is the way they are scheduled" ; "I usually have the same carer she comes at the right time and stays the right time, they ring if she is going to be late" ; "I have one visit a day and they are mostly regular care staff. They can be a bit late but nothing excessive, though they don't always stay the full time" and "They have never failed to turn up, no strangers come, 95% the same girls." Following the inspection, these comments were discussed with the registered manager who assured us they would follow up on the concerns raised.
- Feedback from people and relatives regarding their care and support plans meeting their needs were positive. Examples included, "I feel confident, there are a team of carers, only different ones if there has been an emergency" ; "There is a care plan, the [occupational therapist] was thoroughly involved, it is written down but they've all had guidance on their phone, and there is a hard copy at home" ; "They are really caring, understanding when I can't do something and encourage me when I can" ; "I do have a kind of choice – if I didn't want a particular carer, I know that they would respect that" and "There is a routine, which is very important since my mother is early stage Alzheimer's, it is kept up to date and the staff seem to be knowledgeable and know their job well."
- The service had newly developed care and support plans which detailed people's medical, physical and mental health needs. They gave guidance to staff on how to meet these needs and information on particular health conditions.
- People were supported to make choices and have as much control and independence as possible. People and their relatives had been involved in the development of the care and support plans where appropriate.

Meeting people's 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.

- Care and support plans met the AIS and included clear information about support needed to manage visual impairments and how dementia may affect communication needs.

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

- During the coronavirus pandemic, social activities and meeting people had been limited. The service however, had encouraged the use of electronic communication. Activities were available at socially distanced events held in the communal lounges of their homes. Individual interests were encouraged.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. People were given guidance on how to complain or escalate their concerns. They were reminded of this at reviews and a copy of the procedure was in their home folder.

End of life care and support

- The service worked alongside people, their relatives and health professionals where necessary to develop end of life support plans. This included specialist help from the local palliative care services.
- The service worked alongside many people who had chosen to have end of life care at home.
- Staff had received specific training in this area and were aware of good practice and guidance in end of life care.
- Feedback from relatives of people who had received end of life care was very positive. Examples included, "Having been a very independent lady all of her life [name] found her increasing dependence on others frustrating at times. She very much valued your understanding, support and help...thank you all for making her last years as comfortable and safe as possible" ; "Just to say thank you for all the care you gave [name]. We couldn't have managed without you especially the last 10 months. We do know he had the best care from you all" and "Firstly, can I say what a wonderful care team you have. If it wasn't for their care and kindness and all the support they gave to me, I would not have been able to keep him at home."

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 21 June 2019, there was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audits were not effective as shortfalls in the service were not always being identified or addressed. Recommendations made at the previous inspection had not been fully addressed. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 17.

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

- At our last inspection in June 2019 previous recommendations had not been fully met and medicines audits specifically, were not effective. At this inspection improvements had been made.
- The provider had devised a thorough audit schedule and process. This ensured all areas of care and support were being monitored and actions taken where shortfalls were found.
- Medicines audits were more robust. They detailed each person's MAR chart, stock control, types of error found, PRN accuracy and recording accuracy. Actions taken included further staff training, spot checks and regular reminders sent to staff. The audits we reviewed showed an improving picture which meant the actions taken were being followed up and acted upon by staff.
- The registered manager was aware of their responsibilities under the Duty of Candour.

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

- The registered manager had created a culture of person-centred care by undertaking thorough and detailed assessments of need, with people, their relatives and professionals. Feedback we received from people, their relatives and staff was positive.
- Staff told us they had no difficulties in contacting managers for support. Communication had greatly improved and staff felt supported and confident that any issue would be followed up.
- Staff had access to wellbeing support and told us they felt valued.
- The management team regularly contacted people to ask about the quality of the service or if any changes were needed. Annual feedback was sought and people were encouraged to share their opinions.

Continuous learning and improving care

- Since the last inspection, the numbers of people the service supported had reduced. This was to ensure

they could meet people's needs effectively and provide more consistency of staff. Feedback we received showed this had improved.

Working in partnership with others

- The service continued to work in partnership with the local authority and the clinical commissioning group.