

Cera Care Operations Limited

Cera- Kent

Inspection report

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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 Care- Kent is a registered domiciliary care agency, providing personal care to people in their own homes in the community. They provide services to any people who need care and support. The agency provides care services to people living in Kent. There were 67 people using the service on the day we inspected. 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

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.

People and their relatives told us they felt safe using the service and care staff knew how to report concerns. Risks to people and staff were well managed through risk assessments, which were regularly reviewed. There were enough staff to meet people's needs, people told us they had continuity with their carers and they always stayed for the duration of the call. People received their medicines safely from staff that were trained and regularly competency assessed. Staff were following guidance around the use of personal protective equipment (PPE) during the current pandemic. The management team were spot checking this and people told us staff were wearing PPE at all times.

People received personalised care responsive to their needs. Care plans were regularly reviewed and updated to ensure they were reflective and up to date. People told us they were involved with planning their care and participated in reviews. Staff knew people well and were able to tell us about people's likes and dislikes. No one was receiving care at the end of their life but the manager told us about new care plans they are putting together in case they needed them in the future.

People, relatives and staff were positive about the management of the service. Feedback we received told us that the management team had an open door and they knew where to go if they had concerns. The manager knew their roles and responsibilities and had recently applied to be registered with the Care Quality Commission. Quality assurance systems were in place to monitor and improve the service people received. Regular communication was continued with people through letters and regular phone calls. The manager had made changes to improve how the service was being run and it had made a positive impact to staff and people.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 June 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and

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

Why we inspected

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 Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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-Kent 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cera- Kent

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 team consisted of one lead inspector, one inspector off site who reviewed documentation and one assistant inspector who made telephone calls to people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. We checked and assurances were made that the manager had put in her application to register.

Notice of inspection

We gave the service 5 days' notice of the inspection site visit because consent needed to be sought for telephone calls and home visits.

We started the inspection on the 2 November when we made calls to people who use the service. We visited the registered office on the 3 November 2020 to see the manager and review care and staff records. Other records were reviewed off- site. The inspection finished on the 5 November after documentation had finished being reviewed along with telephone discussions with staff.

What we did before the inspection

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 looked at five care plans, three staff recruitment files and spoke with the manager on site. Offsite we reviewed records such as- accident, incidents and complaints, audits and quality assurance records, staff training and rotas including missed and late calls information. We spoke to six people who use the service and twelve relatives.

After the inspection

We spoke with five members of care staff after the inspection and continued to review any documentation gathered during the inspection.

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 10 June 2019. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because there was a failure to ensure care records were reviewed and updated as people's needs changed. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 17.

Assessing risk, safety monitoring and management

- Since our last inspection care plans had been updated and were relevant to people's needs. This meant people were no longer at risk of receiving care not personalised to them.
- Risks to people were well managed. People's care plans included risk assessments which assessed and mitigated potential risks. For example, where one person's mobility had declined, their risk assessment identified the need for two care staff. This was introduced and included a risk assessment for equipment used for transfers.
- Staff knew where to locate people's risk assessments if they needed to. One staff member told us, "Yes they have risk assessments in place, and we use them if anyone has any problems. For example, when one person lost electricity in their bed, we used the risk assessment to get it sorted."
- Risk assessments were regularly updated as soon as necessary for people. When changes in people's care needs were reported, the care quality lead would go and re-assess people. Risk assessments were accessed on staff's hand-held phones which were password protected.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff and knew where to go if they had concerns. One person told us, "The staff are very good, they do make me feel safe and I would ring the office if I didn't." Another person told us, "They always have their identification on them and if I ever had any concerns, I would call the office."
- Relatives told us they felt safe using the service. One relative told us, "Yes, I think she is very safe, the staff put me at ease, and I would speak to the manager if I didn't feel safe." When we asked a relative, "Do you feel your [person] is safe?" This was their reply, "Yes, I very much do and if I didn't, I would call the office."
- Staff had received training in safeguarding and were aware of their responsibilities. Staff told us they were able to recognise signs of abuse and where to report concerns. This included the registered office, the local authority or the police.
- Safeguarding policies and procedures were in place and regularly reviewed. The manager knew her responsibilities in managing safeguarding concerns effectively to protect people. Previous concerns had been investigated and with a root cause analysis with preventative actions outlined.

Staffing and recruitment

- People and their relatives told us staff arrived on time and would always call if they will be late. They also told us there was a continuity of carers that came and stayed for the duration of the visit. Comments included, "Very much so, they always turn up on time, I do always have the same carers and they always ring me if the times needed to be changed." "Yes, but it can depend on traffic although they are usually very good. They tell me if they are going to be late." "Yes, I see the same carers not very often I see someone new."
- Staff had recently been recruited during the ease of lockdown. The manager told us about a contingency plan they had in place for staff shortages in the current pandemic. Staff were pulling together to cover shifts, one staff member told us, "There's never enough staff anywhere in care industry, but we are doing our best. We do what is necessary to make sure calls are covered that includes the care co Ordinator's."
- Staff were recruited safely following the organisations policy and procedure. Pre- employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two references, full employment history, right to work in the United Kingdom and Disclosure and Barring service criminal records checks (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- People using the service received support with their medicines safely from care staff. Care plans and risk assessments were clear and included guidance for staff to follow. For example, where the medicines were stored and how the person liked to take their medicines.
- Staff were able to tell us how to support people safely that was individual to them. One staff member told us, "[person] likes to remain independent with their medicines. We support them by watching them count out the medication, then we do the same before they take it. It is part of their daily routine."
- The service held medication administration records (MAR) for each person. These were used to record when a person has been assisted with their medicines. These were regularly audited and identified areas for improvement, which included actions taken. The manager told us about ongoing plans to ensure no gaps were found in people's MAR's.
- The service had a policy and procedure in place for staff to follow. The policy included Equality, diversity and human rights for people, for example, considerations were made for vegetarians and religious groups. This meant things like gelatine capsules were not used and took into account religious festivals and fasting.

Preventing and controlling infection

- Staff had been trained and understood the importance of using personal protective equipment (PPE) especially in the current pandemic. Staff we spoke told us what PPE they used which was following current guidance, this included face masks. The manager told us they had plenty of stock available and time slots were arranged for staff to collect it from the office.
- People and relatives we spoke to told us staff were using PPE consistently. Comments included "Yes, they always have PPE on before coming in, they are always washing their hands too." "Absolutely, even before masks were made mandatory, I asked them to wear them as I am asthmatic, and they were happy to." "[person] tells me they are wearing them all the time as I often check with them."
- The manager has included PPE checks when carrying out spot checks on staff. It has also been included on the client feedback calls so that they can assure themselves staff are following correct guidance.
- Changes had been made to the services policy during the pandemic. A section had been added for Muslim workers and people for the use of alcohol- based gel. The service had made sure it was safe to use synthetic alcohol under Muslim Spiritual Care Provision.

Learning lessons when things go wrong

- Accidents and incidents were looked at to ensure measures could be put in place to prevent reoccurrence. For example, when one person had become aggressive towards staff. Reviews were arranged and risk

assessments were updated, to help support this person safely.

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 10 June 2019 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This was because the service failed to maintain accurate, complete and contemporaneous records for people. At this inspection, we found improvements had been made and they were no longer in breach of Regulation 17.

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

- All the people and relatives we spoke to were positive when we asked them if the care they received were personalised. Comments included, "Oh yes most definitely," "Yes they are all lovely and we are in control of [person's] care," "Yes very much so, [person] is so happy with them."
- People's care plans were personalised and responsive to people's needs. They had been reviewed regularly to ensure they were up to date and relevant. These reviews continued during the pandemic to ensure people received personalised care.
- People were involved with planning their care and where this was not possible legal representatives were involved. After the initial plan was put in place updates were held with people, these considered areas such as, "What's working well, what's not working well and how can the service improve." This enabled plans to be adapted, one person's response was, "Everything works perfectly. Everything is ok, the girls do a great job. We have the same carers mostly."
- Staff knew people very well and were able to tell us individual likes and dislikes. For example, a staff member told us about how a person liked their special blanket over them. They knew the background to this and why it was important.

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 plans and risk assessments included how people like to communicate or if people had difficulties. For example, where one person has difficulty communicating verbally. The care plan gives guidance to staff to ensure they give the person time to respond.
- People were positive with how the service ensured communication barriers were considered. One person said, "I wanted to say I'm very impressed with the office when I have needed to contact them they are very patient about my speech difficulties."

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 pandemic the service has put measures in place to avoid social isolation. Regular phone calls were held with people in isolation. Additional half hour phone calls have been offered to people living on their own to help with loneliness and mental health.
- The manager told us about plans to access the community more and work with local charities. Due to current restrictions this isn't possible but the manager is keen to introduce this again.
- As part of their pre assessment planning the care quality leads look at individual likes and dislikes. This is to encourage people to participate in activities they used to enjoy. The manager told us about a person they supported to make model aeroplanes.

Improving care quality in response to complaints or concerns

- The service had many ways to gain feedback from people in order to raise concerns. This information was then put into an analysis and actions were carried out. Where people had commented they were not sure where to complain to, office staff made calls to remind them.
- No recent complaints had been logged, but people we spoke to knew where to go if they had concerns. Comments from relatives and people included, "If I had a complaint, I would be more than happy to raise it," "Yes I know where to go, but I haven't needed to." "I would feel happy to complain if I needed to, but I haven't yet."

End of life care and support

- The manager told us that at the time of our inspection no one was receiving care at the end of their life. However, they said staff would follow the organisations policy and procedure; staff would also work alongside health care professionals to ensure people had a pain free, dignified death.
- The manager told us about plans to re train staff if someone was to become end of life, to ensure they felt comfortable. They plan to introduce new end of life care plans to ensure regular updates are more effectively recorded. This is because changes can happen very quickly and they want to ensure plans are kept in real time.

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 10 June 2019. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because there was a failure to ensure care records were reviewed and updated as people's needs changed. At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management of the service had recently changed. Staff we spoke to were positive about the new manager and felt they were making positive changes. One staff member told us, "It is always difficult when a new manager starts and they make changes, but I feel they are all good steps in the right direction."
- People and their relatives felt the service was managed well. They were not all able to say who the new manager was but were kept informed through letters. Comments included, "I know who the manager is, and I think the service is run very well." "They always send out newsletters informing us of any changes, you are kept in the loop which is nice." "Yes, the manager is excellent."
- The manager had introduced a new system called 'care friends', a reward scheme for staff. Points were received when staff went over and above for people using the service, this turned into vouchers. This was to help show appreciation to staff especially through the current pandemic.
- The manager was clear of their responsibilities under the duty of candour. They were open and transparent when things went wrong and had an internal system for recording incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had applied to be registered with the Care Quality Commission. This is a condition on the services registration.
- The manager understood their role and regulatory responsibility. They understood that important events such as death had to be reported to the Care Quality Commission (CQC). Notifications had been made appropriately.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the agency can be informed of our judgements. We found the registered manager had clearly displayed their rating on a notice board within the registered office and the provider had displayed the agencies rating on their website.

- Regular audits were completed by the office and management team. These audits were then reviewed to make improvements to the service. The service recently hired a private consultant to complete a full review to drive improvement.

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

- People and their relatives told us they were encouraged to feedback about the service. Comments included, "Yes they do ask, they tend to phone and have chats about how everything is," "Yes, but never need anything changed," "Yes, we have phone surveys which is good, we are able to get our point across."
- People told us they received annual surveys to fill out. Information was collated and a development plan had been developed.
- The manager ensured regular communication to people and staff through letters and meetings via conference calls. A letter was sent out to introduce themselves as the new manager of the service.
- The service increased feedback calls with people. These were now done every three months instead of six. Information from these calls were collected and put in the system in order to make improvements.

Continuous learning and improving care

- From the last inspection improvements had been made to people's care plans. Regular reviews were carried out with people to ensure the relevant information was available. This gave staff clear guidance on how to support people in order to meet their needs.
- The manager had identified the need for further support to staff. They increased staff supervisions to monthly and observations quarterly. They still wanted to ensure high standards of care was given throughout the pandemic.
- Regular team meetings were held and ideas for improvement were discussed amongst the team. For example, introducing behaviour charts for people to help identify changing needs. Also, carer profiles for staff as well as people to identify interests and hobbies.

Working in partnership with others

- The management team and staff supported people when required, to work with health care professionals. This included GPs, district nursing team and occupational therapists.
- The manager told us they have been working closely with the local authority. This was to offer support to other health care providers who are struggling during the current pandemic. They are also helping to get people out of hospital as quickly as possible.