

Homecare4U Limited

Cera Bristol

Inspection report

Access House
Winterstoke Road
Bristol
BS3 2LG

Tel: 01179537949
Website: www.ceracare.co.uk

Date of inspection visit:
19 December 2022

Date of publication:
18 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cera Bristol is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were 37 people who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt supported by staff who gave them choice and who people described as "kind" and "lovely". People were happy with their care and people felt able to raise a complaint with the office or the management should an issue arise. One relative during our inspection raised an issue with us. We shared this with the registered manager who investigated and sent us their response to resolve the issues.

People were supported by staff who received training although some staff were unable to explain the different types of abuse. The registered manager confirmed they would address this shortfall. People's care plans contained important information relating to people's individual needs and medical diagnosis along with important life histories and sensory information. Referrals and advice was sought by staff should people require medical support or assistance. Staff felt supported and they received supervision and an appraisal.

People felt supported by staff who they knew and who supported them with their wishes. One member of staff felt improvements could be made to ensure more staff were available to work at the weekends. The registered manager confirmed they were hoping to address this with the ongoing recruitment they were undertaking. Systems were in place to monitor incidents and accidents and records confirmed actions taken to prevent similar trends occurring. Quality assurance systems were in place to identify shortfalls.

Rating at last inspection and update

The service was registered with us on the 20 January 2022 and this is the first inspection.

Why we inspected

This is a planned inspection to check whether the provider was meeting the legal requirements and regulations and to provide a rating for the service.

Follow up

We will continue to monitor information we received about the service, which will help inform when we next inspect.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 Bristol

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 team consisted of one inspector and one Expert by Experience who spoke with people and their relatives on the telephone. 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave notice of the inspection. We needed to be sure the registered manager would be in the office to support the inspection. We also needed to arrange to speak with people over the phone.

Inspection activity started on 19 December 2022 and ended on 23 December 2022. We visited the location's office on the 19 December 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at a range of records. This included three people's care records and medication records and two staff files in relation to recruitment and staff supervision. A variety of policies and a range of quality assurance systems. During the inspection the inspector spoke with the registered manager and the quality assurance lead.

An expert by experience spoke with three people and two relatives on the phone on the day of the inspection. Following the inspection, the inspector contacted seven people and managed to gain views from four people. They also contacted seven staff and managed to gain views from three.

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 good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe although we found staff were unable to describe the different types of abuse. We fed this back to the registered manager following our inspection so they could take necessary action.
- Staff were able to confirm who to report concerns to and all staff felt the service provided safe care to people.
- People felt supported by staff who they liked. One person told us when asked if they were safe, "Yes. All (staff) are very nice". Another person told us, "I can't fault them".
- The registered manager took action to protect people and ensure staff were following the provider's policies in relation to protecting people from abuse.

Assessing risk, safety monitoring and management

- People's care plans contained important information relating to their individual risks, such as a risk of falling. Along with any environmental risks, such as if the person had pets or smoked.
- Where people required equipment to keep them safe, care plans confirmed important information including how staff were to support the person with their care.
- Staff received training in how to use equipment. This included specialist equipment such as hoists and how to safely move and transfer someone should they require this support from the member of staff.

Staffing and recruitment

- We reviewed the personnel file of one member of staff who had joined the service in the last six months. Safe recruitment procedures had been followed. This included a Disclosure and Barring Service (DBS) check, references and an interview. A disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager confirmed at the time of the inspection there were enough staff for the people supported by Cera Bristol. Although one member of staff told us there could be more staff at the weekend. The member of staff told us, "Not enough staff at times" and went on to say this was at the weekend. One relative raised with us that staff were staying for less than the planned visit time. We shared this information with the registered manager so they could investigate this concern.

Using medicines safely

- People received their medicines safely. Records were accurate and up to date.

- Staff received training in the safe administration of medicines.
- Office and management staff were able to monitor the compliance of people's medicines. The system identified and raised issues with medicines in a timely way, so shortfalls were identified and rectified as needed.
- Body maps were in place for people so staff knew where to apply topical creams. Records confirmed this.

Preventing and controlling infection

- Staff had access to plenty of personal protective equipment (PPE) such as gloves, aprons and masks.
- People were supported by staff who wore PPE.
- Staff had received training in infection control.

Learning lessons when things go wrong

- The registered manager monitored incidents and accidents.
- Systems were in place to identify any themes or trends. These could be reviewed by the registered manager and the quality lead at any time including what actions had been taken.

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 Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training in moving and handling, health and safety, mental capacity act and basic life support.
- Staff received supervisions and an annual appraisal. Records confirmed this.
- New staff received an induction and the opportunity to shadow experienced staff prior to working by themselves. Records were retained to confirm when and who the new member of staff had shadowed.
- Staff were supported to complete the Care Certificate. 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.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported, if required, by staff to receive a balanced diet and stay hydrated. Staff respected people's wishes and gave them different options. One person told us, "I tell them what I would like, and they prepare it for me".
- Staff were able to give examples of how they supported people. One member of staff told us, "I would always give choice. Always communicate".
- Care plans contained important information. Such as if the person required support and assistance with their meals including information, for example, on any portion size requirements.

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

- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional involved, details were recorded within their care plan.
- People were supported by staff to seek medical attention should this be needed. Referrals were also made to health and social care professionals when required.
- The registered manager confirmed the service worked in partnership with health care professionals when the need arose.

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.

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

- People's care plans contained important information about any medical diagnosis that could affect people's memory.
- Where one person lacked capacity the MCA principles had been followed including best interest decisions. Records confirmed this.
- Staff prompted people to make decisions about their daily care and support.
- Staff had received training in mental capacity.

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

- People's care plans contained important information relating to any sensory needs the person had. This included any hearing and visual needs.
- People were supported by staff who had received training in equality and diversity.

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 Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt supported by staff who were nice and who they had a good rapport with. One person told us, "Yes, I am very happy with them". Another person told us, "They are nice".
- One relative told us, "Good relationship with staff. All lovely". Another relative told us, "Staff are kind and caring, very nice".
- People were supported by staff who treated them with respect. One person told us, "Carers are lovely. To be honest it's how they treat you".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence and choice. One person told us, "I do as much as I can for myself". One relative told us, "They help with what is needed".
- Staff gave examples of how they supported with their dignity. This included closing doors and curtains and having additional towels and blankets available to promote people's dignity whilst receiving personal care.
- People were supported by staff who respected people's privacy. One member of staff told us, "We don't repeat information, it's private".

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

- People were supported by staff to make decisions about their care. One person told us, "They will do anything for me". Another person told us, "They do anything I ask".
- Staff were able to give examples of how they encouraged people with different meal choices, and people's personal care routines. One member of staff told us, "I give people choice".

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 Good.

This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and contained important information relating to their life histories. This included information such as people's hobbies and interests, their likes and dislikes, and how to promote the person's dignity with their personal care routines.
- People had regular care plan reviews. These were undertaken by a care co-ordinator or the registered manager. Telephone reviews were undertaken every 3 months and face to face reviews were every 6 months or before if the need arose.
- People were happy with the care and support they received. One person told us, "I'm happy with the care". Another person told us, "I'm very happy with them".
- Most relatives were happy with the support their loved one received. One relative told us, "Very good, highly recommend". However, another relative we spoke with raised some issues with their loved one's care. We shared this information with the registered manager so they could liaise directly with the person's relative.

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.

- At the time of the inspection no-one was requiring information in line with the Accessible Information Standard (AIS).
- Should people require information in a different way this could be arranged. Staff were aware of how they might need to adapt how they communicate with people such as showing people visual options to support them in making their own decisions.

Improving care quality in response to complaints or concerns

- People were happy with their care and all felt able to raise any issues with the office. One person told us, "No reason to complain". Another person told us, "If I wasn't okay or unhappy, then I'd ring the office and tell the lady but there's nothing as I'm quite happy with them".
- The provider had a complaints and compliments policy. All complaints were logged.
- People we spoke with were happy with the care and support they received. One person told us, "All very nice. No reason to complain". One relative told us, "Carers are lovely".

End of life care and support

- People's care plans contained important information such as their medical information and individual routines. One person at the time of the inspection was receiving end of life care. Their care plan confirmed their diagnosis and important information in relation to their care and treatment.

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 Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems were in place to monitor the performance of the service, quality of care plans and medicines records.
- The registered manager kept an electronic matrix for staff training, supervisions and appraisals undertaken. Along with Covid-19 data such as vaccinations and risk assessments completed.
- The registered manager was passionate about providing a quality service. They had made notifications when required. A notification is a legal requirement where a service must inform the Commission about a certain event or incident.
- The provider and quality assurance team were able to identify and monitor the service through the data held within the electronic systems. The monitoring of this was therefore accessible to review at any time.
- The registered manager held staff meetings. These were an opportunity to discuss any changes to people's individual needs, changes to guidance and to share other important information. Records of these meetings were made and shared with staff who were unable to attend or on a day off.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly of the care and support they received from staff. One person told us, "They are always lovely". Another person told us, "Very nice".
- The provider set standards in which people would experience care that was compassionate and caring. Their value statement confirmed, 'We are passionate about care', 'We are kind and compassionate', 'We are committed to serving the communities we work and live in with the highest quality and standards'. All people we spoke with felt staff were kind and considerate, providing them with care they were happy with.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and the quality assurance manager understood their role and responsibility under the duty of candour. They were open, honest and transparent about improvements they had made when the need arose.
- The registered manager confirmed it was important to them people experienced quality care. They spoke highly of their staff team and how they pulled together to support each other.
- The registered manager had an electronic system for monitoring incidents and accidents including

actions taken. This system could be checked by the quality assurance manager or another senior manager to ensure actions were being taken to prevent similar incidents from occurring again.

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

- People felt able to raise issues with the office should they have any.
- At the time of the inspection people's views had yet to be sought through a provider questionnaire. These were due to be sent in the next month. People's views of the care they received were being sought through their reviews. People we spoke with were happy with their care.
- Staff felt it was a nice place to work and they were well supported. One member of staff told us, "We support each other, there is good help if we need it".

Working in partnership with others

- The registered manager worked in partnership with the local authority, district nurses and GP practices. They liaised with the local authority contracts and commissioning teams and safeguarding team when the need arose.