

# Cera Homecare Limited

# Cera Rotherham

## Inspection report

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### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Cera Rotherham is a domiciliary care agency providing personal and nursing care to people in their own homes. At the time of our inspection there were 155 people using the service. 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

#### Right Support:

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.

Risks associated with people's care and support had been identified and were being monitored. An analysis of accidents and incidents was in place, to ensure that all incidents were effectively analysed to ensure lessons were learnt.

People were safeguarded from the risk of abuse. Staff confirmed they received training in safeguarding and could explain what action they would take if they suspected abuse was taking place. People told us they were safe.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights.

People told us staff were all kind and caring. People's privacy and dignity was maintained, and people were encouraged and supported to maintain their independence.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Audits had identified areas that needed strengthening and improvement and action had been taken to address this. We saw a detailed action plan which had achievable and realistic timescales for action to be taken. Information technology systems were used effectively to monitor and improve the quality of care.

Formal feedback was gathered from people to see if they were receiving a good service. Wider feedback had not yet been gathered from staff and stakeholders. However, we were told there were plans to gather feedback later in the year to ensure everyone had the opportunity to provide input.

Appropriate information and assessments were shared with other relevant agencies for the benefit of people who use the service. The service worked in partnership with other professionals, for example GP's, district nurses to ensure people health needs had been met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 5 October 2019.

Why we inspected

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 Rotherham

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by an inspector and two Expert's by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure people would be aware we were calling them.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. The inspection started on 4 January 2023 and ended on 16 January 2023.

During the inspection we spoke with 12 people who use the service and 11 relatives about their experience of the care provided. We received feedback from 5 members of staff including the registered manager and quality manager and care staff. We reviewed a range of records. This included 5 people's care records, policies, training records and audits.

# 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 told us they were safe. One person said, "I feel safe with them [staff], they all look after me."
- Staff received safeguarding training and had a good understanding of abuse and how to keep people safe.
- Staff felt people received safe care and they knew who to report concerns to.
- The registered manager monitored safeguarding concerns. The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly and reported to the relevant agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce risks.
- A system was in place for accidents and incidents to be recorded and analysed by management for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

Staffing and recruitment

- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. 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.
- People and their relatives were mainly positive with the care calls and consistency of staff. People and relatives told us staff generally came on time. One relative told us, "The majority of the time [staff] arrive on time, there's been times when there has been an emergency and staff have come later." Another relative said, "Some staff are more consistent than others. We have asked that they let us know if they are going to be late and they have done that."

Using medicines safely

- Where people were supported with their medicines this was done safely. One relative said, "[My relative] has been having paracetamol 4 times a day and staff give the tablets each time they come with a drink of water."
- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required. Staff confirmed they had their competency regularly checked and received training.

- Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

#### Preventing and controlling infection

- Training records showed staff had received training in relation to the control and prevention of infection.
- Staff told us they had a good supply of Personal Protective Equipment (PPE), and people we spoke with told us they thought staff used gloves and aprons. One person said, "They [staff] certainly wear gloves, I have seen them dispose of them in the bin." Another person said, "They [staff] do wear PPE and generally cleanliness and hygiene is good."



# 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.

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

- People's needs and preferences were assessed prior to them receiving care. These assessments were detailed. People's care plans reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010.
- There was an electronic visit monitoring system which enabled managers to ensure care was provided in a timely manner and ensure calls were not missed. Where late or missed calls were identified they were followed up and acted upon.

Staff support: induction, training, skills and experience

- New staff completed an induction at the start of their employment and shadowed experienced staff until they were competent and confident enough to work unsupervised. The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- Staff told us they felt well supported by the manager and other senior staff. One member of staff told us, "I have had maybe 2 supervision in the last 12 months. The manager's help where they can."
- Staff said the training was good and it enabled them to develop the necessary skills and knowledge to support people in line with their needs.

Some people told us staff were well trained, but others said more training was needed. One person said, "They may have been trained to do things, but some are not doing it in practice, their objective is to get in and to get out quickly." Another person told us they felt some staff needed further training in skin care and tissue viability. This was discussed with the registered manager who said they would look into this.

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

- People's care plans contained important information relating to their diet and nutrition. Including people's likes and dislikes and what their wishes were for example at breakfast.
- People gave good examples of how staff supported them with food preparation and cooking. One person said, "The [staff] make my meals. I tell them what I want, and I have plenty of choice of food and drinks. They bring me 2 pints of water and a flask full of water so I can have a hot drink."

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

- People were supported by staff who would make referrals to health and social care professionals and seek medical attention should this be needed.
- Relatives gave examples of partnership working. One relative said, "They [staff] noticed [my relative] was ill

and the paramedics came out and they found out [my relative] had a collapsed lung. The staff responded; they are very good with that. We have got other people involved like occupational therapist and nurses." Another relative told us, "The carers would say, what's this mark it wasn't there yesterday. Since they have been coming to care for my relative the chiropodist said they can't believe how much the [my relatives] [skin] has improved; they are doing a fine job keeping it creamed and soft."

- People's care plans contained important information relating to their health contacts and any medical conditions.

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.

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.

- The service was working within the principles of the MCA.
- People's care plans contained important information relating to a medical diagnosis that could affect the person's capacity.
- Staff understanding of the MCA informed the way they supported people. This included the importance of seeking consent before offering help. One staff member told us, "I have had training and it means people are able to make their own decisions." Another said, " People do have the right to refuse and I would always update the office in this case."

# 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.

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

- People were supported to make decisions; staff routinely offered people choices, for example about what they wanted to eat and drink.
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written.
- People told us they were involved in the care planning process. One person said, "Yes, I was involved a few years ago, if I needed to make changes, I would notify someone. Another person said, "I do have one [a care plan], it gets reviewed every six months, there is a folder in the lounge. Someone comes and goes through it and talks about it."

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them with dignity, were polite and respectful and adapted their approach where needed to meet their needs. One relative said, "The carers are fantastic, they treat my relative properly and went above and beyond. It surprised me how conscientious and pleasant they were."
- Staff spoken with told us they understood the importance of treating people with dignity and respecting them. One staff member said: "I make sure no family members are in the room when carrying out people's personal care. This can be embarrassing for the person. I try and encourage them to do things for themselves where they can."
- The service completed regular staff spot checks, and these checked whether staff were treating people respectfully and with dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was being developed.
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out spot checks of care visits, they obtained the views of people using the service, which supported people to have control over their care.

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.

- People's individual communication needs had been assessed and were detailed in care plans.
- Staff adapted their approach to meet the needs of people.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service.
- We reviewed the complaints file and saw that complaints were responded to appropriately.
- People and their relatives gave us mixed feedback on complaints. Some people said complaints were handled well, whilst others said they thought complaints were poorly handled, and communication needed to improve. One person said, "The only problem is when you ring, they seemed very reluctant to answer the phone and reluctant to ring you back." We discussed this with the registered manager who said they had made changes to their telephone system and now people were able to leave a message which would be responded to.

End of life care and support

- The registered manager told us they would respond to any wishes or advance wishes they were made aware of should they support anyone with end of life care. They also said as needed contact would be made with other appropriate services.
- Staff had received training to enable them to support people at the end of their life.

# 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.

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

- People and their relatives gave mixed feedback on the service being well-led. One person told us, "Management could be more organised sometimes they have people all over the place it seems chaotic. Every time I ring the office, I get a different person there is about half a dozen, I think. They will put extra calls on staff, they don't ask them and so it makes them late." Another person said, "They are not very good with organisation or communication. We don't get information about what they are doing." We discussed this with the registered manager who had taken steps to resolve negative feedback.
- Staff told us the service was managed well and the registered manager made themselves available to provide support if needed. A member of staff told us, "I have always been able to approach the manager."
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.

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 provider and the registered manager encouraged an open and honest culture at the service. The registered manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were informed about them, and every opportunity was used to support organisational learning.

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

- There was a clear management and accountability structure in place to provide oversight of the service.
- Management systems, such as audits and quality assurance, were actively used to monitor and continuously improve the service. The quality and safety of the service was monitored, and any issues could be quickly responded to.
- The registered manager understood their regulatory requirements and wider legal obligations. CQC were informed of any incidents as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service planned to gather formal feedback from people's, staff and stakeholders' experiences in the spring. One relative told us, I haven't filled in a questionnaire, but I have received a call from the office and

told them I am happy with everything."

- The registered manager's pride for the service reflected a passionate desire to provide a person-centred, caring, safe and professional service to people, their relatives and staff and to continuously improve. The registered manager said, "We have worked really hard to make improvements. We have spoken to everyone and dealt with the issues that have arisen. At the minute the service is stable, and clients are happy. We are dealing with things through auditing as we come across them. We have an improvement plan which we are working towards."