

Cera Care Operations Limited

Cera - Old Stratford

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Requires Improvement ● |
| Is the service safe? | Requires Improvement ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Cera- Old Stratford is a domiciliary care agency. They provide personal care to people living in their own homes. 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. At the time of the inspection 96 people were receiving personal care.

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

Medicine administration required improvement. Records of the administration of medicines had gaps and incorrect codes used. We found missing information regarding application of creams and start/end dates of medicines.

Not all risks to people had been recorded as assessed or had mitigating strategies identified to lower the known risks. Care plans were not always person centred or up to date.

Staff did not always turn up on time or stay the allocated amount of time for each support call. The Registered manager was reviewing these.

Not all staff had up to date training, however the registered manager had booked all relevant staff onto to refresher training courses.

The oversight of the service did not consistently assess, monitor and improve the quality of the service. Audits completed had not identified all of the concerns we found on inspection. When the audits had identified issues, we did not see evidence of the actions taken to reduce the risk of reoccurrence.

People were mostly supported by staff who knew them well and had been safely recruited. Staff understood how to recognise and report any concerns of abuse.

Relatives were kept up to date about any changes and were able to send messages directly to staff and the registered manager as required.

Staff felt supported by the manager and received one to one meetings to discuss any concerns they may have.

Staff were being regularly tested for COVID-19 to protect people from the spread of infections.

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 good (published 31 July 2018).

Why we inspected

We received concerns in relation to missed care calls, infection control and medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk assessments, medicine management and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Cera - Old Stratford

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

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 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

This inspection was unannounced.

Inspection activity started on 24 February 2021 and ended on 4 March 2021. We visited the office location on 24 February 2021 and made calls to staff, people and relatives on 1 and 4 March 2021.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, care quality lead, branch trainer and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek evidence and clarification from the provider. We looked at training data, call logs and quality assurance records.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely;

- Medicine administration required improvement. We found multiple gap in people's medicine administration records (MAR) and staff had used incorrect coding when recording medicines. This meant people may not have received their medicines as prescribed.
- Staff did not always follow best practice regarding transcribing medicines onto MAR. We found that MAR's did not always contain all the required information such as a start date, the dosage information and when staff transcribed medicines these had not been signed by two staff. This put people at risk of receiving incorrect medicine or the wrong dosage of medicine.
- Staff did not record the reason for administering a medicine prescribed on an 'as required basis' to manage a person's distress or pain. These medicines should only be given in specific circumstances described by the prescriber. This meant the effectiveness of the PRN medicines could not be monitored.

We found no evidence that people were harmed, however, the provider had failed to ensure the safe and proper management of medicines was in place. This was a breach of Regulation 12 (2)(g)(Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management;

- Not all people had detailed risk assessments and management plans in place. For example, one person did not have up to date risk assessments in place for, moving and handling, use of equipment, refusal of medicines, pressure damage and epilepsy. The registered manager took action to remedy these shortfalls after the inspection.
- Staff told us that care plans and risk assessments were not always kept up to date. One staff said, "[The person] was new to the service so their care plan wasn't on my phone [app used], they couldn't tell me what they needed, so that made it a more difficult
- One person who required support with nutrition and hydration did not have an accurate record of the amounts taken. The records showed that staff gave different amounts to than those specified by healthcare professionals. This meant that people's malnutrition and dehydration risks had not been mitigated.

We found no evidence that people were harmed, however, the provider had failed to assess risk and do all that is practical to mitigate risks. This was a breach of Regulation 12(2)(a)(b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been completed on the environment to promote staff safety.

Staffing and recruitment.

- People and staff told us, and records showed staff did not consistently turn up on time or stay the allocated amount of time. One person said, "The calls are late, so I have to sit in a wet pad for two hours longer than necessary." Another person said, "My morning call sometimes doesn't happen till lunchtime." A staff member told us, "We are always rushing, I don't always have enough time between calls which means I'm late and impacts on how long I can spend with [person]." This put people at risk of not having all their needs met.
- Some staff had not received up to date training. Some staff told us the training was not sufficient for the tasks they completed for people. However, the registered manager had further training courses planned for staff.
- Staff were recruited safely, and the necessary checks were completed such as references and Disclosure and Barring Service [DBS] check was completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- Staff were being regularly tested for COVID-19 to protect people from the spread of infections.
- Staff told us they had sufficient PPE and had received training about safe donning and doffing.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. The registered manager had reported and investigated as necessary any safeguarding concerns.
- Staff had received training about protecting people from abuse, they told us they knew how to identify and report abuse.

Learning lessons when things go wrong

- The registered manager looked at complaints, incidents and accidents and safeguarding to identify any trends or patterns. This information was shared with staff to ensure lessons were learnt when things went wrong.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes to ensure effective oversight of the service required improvement.
- Audits completed for medicine administration records did not identify the concerns found with the recording of information required for safe medicine management. For example, they had not identified that body maps for creams were not being completed. The audit had identified multiple gap in people's medicine administration records (MAR) and staff and used incorrect coding when recording medicines. However, there were no actions logged and the same concerns were identified on three consecutive months of audits.
- The audit completed on scheduled call times evidenced that 74-79% of calls were within the scheduled time. The records we reviewed showed that staff arrival times could vary by two hours and that staff did not consistently stay the allocated time. One person told us, "Staff can turn up at 3pm for a lunchtime call." Another person said, "Staff do not always complete the tasks requested of them, as they need to go." This meant people did not always receive the support they required. However, the registered manager was in the process of reviewing how much time people needed for each call.
- Not all care plans were person centred. We found some care plans only detailed the tasks required not how the person liked to be supported or what their likes/dislikes were. One person did not have an up to date care plan in place.
- People's feedback had not always been actioned. For example, we found the provider had completed a telephone survey with people. The responses contained concerns regarding staff not wearing the appropriate PPE. We saw no action plans or evidence these concerns had been investigated or risks mitigated at the time of inspection. The provider sent an action plan after the inspection which evidenced that managers would complete additional spot checks.
- Spot checks completed on staff to ensure staff are following guidance and treating people with respect and dignity had identified that four staff were not wearing their ID badges in line with the company policy. We saw no evidence of any actions being completed to rectify this issue.

We found no evidence that people were harmed, however, the provider had failed to monitor their findings to improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives were able to view the tasks and information about their loved one and sent any messages to staff or updates required using a mobile application set up by the service.
- Staff told us that they received supervisions and felt supported by the registered manager.

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

- Complaints had been appropriately recorded and managed. People, relatives and staff told us they knew how to make a complaint.
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open to feedback and implemented changes immediately after the inspection.
- Staff worked with professionals from other agencies such as district nurses, speech and language therapists, GP's, and occupational therapists to ensure people received care that met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure all strategies to mitigate risks had been completed and the safe and proper management of medicines was in place.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service.</p> |