

Cephas Care Limited

# Cephas Care Ltd Domiciliary Care Agency

## Inspection report

59 Crabbe Street  
Ipswich  
Suffolk  
IP4 5HT

Tel: 01473322600  
Website: [www.cephas-care.co.uk](http://www.cephas-care.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cephas Care Limited is a supported living service providing personal care to people who lived in their own homes and a domiciliary care service. The domiciliary service supported in advance of 200 people and the supported living service was made up of 19 accommodations.

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

Good governance of the service had not always been achieved or the experience of lessons learnt applied across the whole service. There had been an issue with ordering and administering prescribed medicines and a similar situation had occurred again within the service some months later. Prior to our inspection, the registered manager had increased their auditing and monitoring processes.

Support plans and risk assessments for people's health needs contained detailed person-centred information and informed staff how to manage and mitigate potential risks to people. Staff demonstrated a good understanding of how to keep people safe from abuse.

Staff had received training regarding how to protect people from harm and were aware of the service safeguarding procedures. Senior staff of the service had worked with commissioners to ensure there were sufficient numbers of staff employed to meet people's assessed needs. The service operated a robust recruitment process to employ staff who were suitable to work for the service. People were protected from the risks associated with the spread of infection.

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's support plans were reviewed every six months or more frequently if so required in relation to events. People were supported and encouraged to participate in a range of activities of their choice and to access the community facilities as discussed and agreed with them, families and other professionals. People and their relatives had access to a clear complaint's procedure.

All of the people using the service and relatives we spoke with told us staff were kind and caring. Staff treated people with dignity and respect and spent time getting to know them and their specific needs and wishes. Staff had worked with the people using the service so that people's likes and dislikes were recorded in the support plans. We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People had individual tenancies in their own home or small home with a few others. This model of care maximised people's choice, control and independence. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence.

Right care

- Care was person-centred and promoted people's dignity, privacy and human rights. People confirmed their privacy and dignity was respected. Support plans were person centred and ensured the person was involved in the development and review of their plan as far as possible.

Right culture:

- Ethos, values, attitudes and behaviours of the manager and staff ensured people using services lead confident, inclusive and empowered lives. People's diverse needs were assessed, supported and respected. People were supported to make choices and live the life they chose.

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

The last rating for the service was rated good, (published on 27 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

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 not always safe.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

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## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and two Experts 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 care to people living in their own houses and flats. This service also provides care and support to people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

We gave a short period notice of the inspection to enable the manager to seek consent from people using the service, their relatives and staff, so we could contact or visit them as part of the inspection.

Inspection activity started on 28 June 2021 and ended on 09 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service. 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 reviewed a range of records. This included eight people's support plans and care records and medicine records. We looked at three staff files in relation to recruitment. In addition, we looked at a wide range of records relating to the management of the service including policies and procedures, complaints, incidents and accidents plus associated learning, staff training, audits and quality assurance records. We spoke with 18 people who used the service, seven relatives, the registered manager, nominated individual, chief executive and other senior members of staff plus two professionals.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found.

# 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

- Medicines had not always been managed safely, because people had not always received their prescribed medicines.
- The registered manager had increased the auditing of medicine administrations since issues had been identified with the ordering and administering medicines. This had resulted in no further errors being made.
- Staff had been trained to administer medicines as prescribed.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included, "I am content with the service." I have used the service for many years have the same staff usually to care for me and we have got to know each other."
- People were protected from the risk of potential abuse by staff who had been trained and understood safeguarding. One member of staff told us, "There is a policy and I can speak with the manager at any time."
- The registered manager explained to us the policy and procedure and how they would report any matter should the need arise.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, and actions taken to mitigate risks. A relative told us, "We talk about risk, well how to reduce risk really at each review."
- Staff carried out comprehensive assessments of the risks to people. Identified risks had been carefully recorded into the person's support plan including how risks were reduced.
- Risk assessments were reviewed at each care review or more frequently if so required.

### Staffing and recruitment

- The service had clear and robust recruitment practices established for the recruitment of staff.
- Systems were in place to monitor whether staff arrived on time, stayed for the agreed amount of time and carried out what was on the care plan. One relative told us, "I have worked with the registered manager to establish care visit times which are important to me and [my relative]."
- The registered manager had worked with the Local Authority to ensure there were enough staff. The registered manager had increased staffing levels at the service to meet the individual support needs of the people using the service.

### Preventing and controlling infection

- Staff had received training regarding the control of infection.
- Staff informed us they had access to appropriate protective (PPE) clothing such as gloves and aprons when carrying out personal care.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Systems were in place to review and analyse accidents and incidents. These were used as learning opportunities and shared with staff.

# 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 good. At this inspection this key question has remained the same. 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 person had a support plan which stated their needs, the time the staff would visit and how their needs were to be met. One person said, "They asked a lot of question at my assessment to understand how they would help me and get to know me."
- People's life histories, their medical conditions, allergies were recorded along with their preference of how they wished their support to be provided.

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.

- People were provided with information in a way they could understand, including a larger print when required.
- Staff had considered people's communication needs and how these could be supported. For example, staff used non-verbal communication, pictures and printed words to aid communication.

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

- Staff support people to access the community through walks and were increasing daily social events as COVID restrictions were being reduced.
- Staff supported people to maintain important relationships. This included arranging visits to families.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Each person, upon using the service, was given an information/welcome pack which included information about how to make a complaint.
- The registered manager investigated complaints and worked to the policy and procedure of the complaints process to try to resolve the complaint to everyone's satisfaction.
- Compliments had been received by the service from people that had and were using the service and their relatives.

End of life care and support

- During care reviews the staff were able to discuss arrangements with the people using the service regarding end of life care.

- The registered manager explained to us how people had been supported to stay in their home and within the service, when professionals considered the person needed support with end of life care.
- The registered manager remained confident from the staff training and support from other professionals the staff could continue to support people at that stage of their life in their own home.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

- Systems and processes required for the timely ordering and administering of prescribed medicines had not always operated effectively. This meant medicines were not available to be administered as prescribed.
- The service had not informed the Care Quality Commission at the time of a safeguarding incident which had been reported to the Safeguarding service.

The failure to operate effective quality assurances systems and properly assess, monitor and mitigate risks and ensure safety is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had completed an analysis of incidents and taken action to improve the service such as increased auditing after an event. The service had reflected upon events and now had just one registered manager in overall charge of the service. The registered manager was now being supported by a newly formed team called Multi, Site, Enhanced, trained, Team, (MSETT). This team is made up of experienced and dedicated staff who would work within any part of the service as determined by the registered manager to resolve issues as they were identified.

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

- The registered manager promoted a culture which was both caring and respectful which we saw reflected in various documents and in staff's support to the people using the service.
- The service regularly gave people the opportunity to feedback on the service they received either verbally or in writing. The registered manager met with some service users frequently to listen to their views and to determine if any additional or changes in support were required.

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 service at the time of inspection had one registered manager who clearly aware of requirements in relation to the duty of candour and was open and honest throughout the inspection process.

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

characteristics and continuous learning and improving care

- Service users were asked for their views about the service both verbally and in writing at set times and on an occasions basis to understand their views.
- A relative informed us that they found all of the staff helpful and included them in discussions appropriately with the consent of their relative about important information.
- Staff were supported through spot checks and supervision which were opportunities for the staff to discuss the support provided and service with their managers.
- People using the service and staff informed us they were keen to see the maintenance and refurbishment of areas of the supported living service to be completed as soon as possible.

Working in partnership with others

- The registered manager had sought advice from health care professionals as required in order for the service to support people with their needs.
- Senior staff of the service attended various meetings to build support with other organisations.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users..  Regulation 17 (2), (b)