

Cerene Care LTD

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Inspection report

31 Rosebank Road
London
E17 8NH

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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

About the service

Cerene Care Limited is a domiciliary care agency providing personal care to children and adults. The service provides support to people in their own homes. At the time of our inspection the service was providing personal care to 1 person.

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

We have made a recommendation about the management of some medicines.

People's relatives told us their loved ones were safe. There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support people to ensure risks were reduced.

People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices.

Recruitment checks were carried out to ensure staff employed were safe to work with people. Systems were in place to report and learn from any incidents where restrictive practices were used.

People were cared for and supported by staff who were suitably trained and supported to effectively perform their roles and responsibilities.

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.

Systems were in place to report and learn from any incidents where restrictive practices were used.

Care was person-centred and promoted people's dignity, privacy and human rights. People were safeguarded from the risk of abuse as staff knew how to report concerns should they suspect or witness abuse.

Relatives told us staff were kind and caring towards their relative and treated them with dignity and respect. Relatives confirmed that they were included in decision making about their relatives' care. People were supported to maintain their privacy, dignity and independence by a staff who knew them well.

People had their communication needs met and information was shared in a way that could be understood.

People were supported to access food and drink that met their dietary needs and wishes.

People were supported to stay healthy and well, and to access community health and social care services as and when required.

The ethos, values, attitudes and behaviours of management and care staff promoted a service which was inclusive, empowered and encouraged good outcomes for people who used the service.

Relatives and staff spoke positively of the registered manager. Managers ensured that staff had relevant training, supervision and appraisal.

Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. Staff worked well with other services and professionals to improve outcomes for people.

Relatives told us the registered manager was approachable and took action to resolve issues where needed. Staff told us they were well supported by the registered manager and were listened to and encouraged to discuss their views regarding the service.

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

Rating at last inspection

This service was registered with us on 14 May 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

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 safe.

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.

Cerene Care LTD

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

This inspection was carried out by 1 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.

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. Inspection activity started on 28 February 2023 and ended on 24 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager and a care worker. We reviewed two staff recruitment files and policies and procedures. We spoke to 1 relative about people's experience of using the service. We also viewed 1 person's care records, including care plan, risk assessment and daily notes. We reviewed training records for staff. We also reviewed quality assurance documents in relation to the management of the service.

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.

Using medicines safely

- There were processes in place to support safe medicine administration. Medicines administration records (MAR) were up to date. Medicines procedures including for 'as required' PRN medicines were in place. Staff were aware of when and how to give PRN medicines. However, PRN protocols were not detailed. The registered manager assured us this would be rectified. However, we found details of PRN protocols were not clearly written down.

We recommend the provider seeks a reputable source in relation to management of PRN medicines in people's homes.

- Medicine records were audited by the registered manager for errors and gaps to ensure people received their medicines as prescribed.
- Staff had medicine administration training and had their competency assessed, including shadowing more experienced staff to ensure they could administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people from the risk of abuse.
- People were safe with care staff. A relative told us, "Yes, I feel like the [care worker] is very involved. [My relative] looks forward to seeing them. They go out for walks. [My relative] really like it and feels supported."
- Staff had safeguarding training and knew how to recognise and report abuse. A staff member told us, "We whistleblow and make sure you report to the supervisor, local authority, regulator (CQC) or police [if management do not act on concerns]."

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and documented. People were supported to reduce the risk of avoidable harm by staff who understood their needs.
- Care plans and risk assessments were reviewed to ensure they reflected people's current needs.
- Relatives told us they felt the service supported people safely. Staff understood the risks posed to people and how to manage these. For example, for a person at risk of falls, a staff member told us, "We need to support [person] all the time and make sure the environment is safe and well lit." This helped to minimise the risk of the person having a fall and sustaining an injury.

Staffing and recruitment

- Recruitment was safe and staffing levels met people's needs. The provider carried out recruitment checks

to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks were in place. 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 using the service were supported by staff who were allocated to them based on their needs and staff skills.
- Care visits took place as planned, if care staff were running late, they would call people to let them know. This was confirmed by relatives who told us, "If they are running late, they will let me know, I am happy with the times."

Preventing and controlling infection

- The service reduced the risk of the spread of infections through their infection prevention and control practices.
- The service had infection prevention and control policies and procedures in place and staff described how these were followed.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. A relative told us, "[Staff] do [wear PPE], they have to. They wear their uniform. We have a box of gloves. I explain the importance of keeping hygiene going."

Learning lessons when things go wrong□

- The service had procedures in place to act on incidents and accidents. Learning from incidents was shared with the staff team.

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 care needs had been assessed and care plans had been created to guide staff on how best to meet people's needs. Care plans identified people's individual needs and preferences.
- People's needs assessments looked at their physical and health needs, communication needs, the environment, personal care including skin care, manual handling, nutrition and mobility.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff had completed training in relevant areas to ensure they could carry out their role safely and competently.
- Staff were also trained in areas specific to the needs of people they supported such as, caring for people with dementia. Records confirmed this.
- Staff completed an induction before working with people alone, this included the Care Certificate. This 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.
- Staff were supported through regular supervision sessions, appraisals, and direct observation while carrying out their work. Staff and records confirmed this.

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

- People's nutritional and hydration needs were met where this support was provided. People were supported to maintain a balanced diet in line with their likes and dislikes of food and drink.
- Staff had food hygiene training to support people safely with their meals.

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 to maintain good health outcomes.
- Staff worked alongside healthcare professionals to ensure people's health needs were met. For example, care plans documented involvement from healthcare professionals, such as the district nurse who provided support to 1 person who was diabetic.
- The registered manager was knowledgeable and knew the importance of working with health professionals to ensure people's healthcare needs could be met. This included working with the GP or speech and language therapist for people with swallowing difficulties.

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.

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.

- The service was working within the principles of the MCA. We saw evidence People were asked their consent before staff provided care.
- A relative told us staff spoke with people before providing care, they said, "[Staff] are very respectful, [person] doesn't complain. They ask if they want water or orange. They would ask him what they want, they ask me as well."
- Staff had received training around MCA and understood the importance of obtaining consent before providing care.
- The registered manager understood and worked within the principles of the Mental Capacity Act 2005. This includes the need to make best interest decisions and speaking with health professionals, where people lacked capacity to make decisions about their care and treatment.

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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were cared for by staff who treated them well. A relative told us, "Yes, staff do treat [relative] with respect."
- Care plans contained information about people's personal choices and preferences. Staff completed equalities and diversity training and understood people's diverse needs. Care plans demonstrated people's religious and cultural choices. The registered manager told us, "We have a policy to treat everybody fairly, respect people's choices regardless of their sex, culture background religion and sexuality and race."
- People were involved in making decisions about their care as much as possible.
- Relatives told us they were involved in decisions and discussed the care of their loved ones regularly. A relative told us, "They have to involve me in [my relative's] review and have to make it person centred. I don't want to take away [my relative's] independence."
- Staff were able to demonstrate how they ensured privacy and dignity as well as giving as much independence to the person that was receiving support, as possible. A staff member told us, "We ask for permission, to support with personal care. We also make sure we ask about choice of clothing. In the meantime, we always make sure the person is covered to maintain their privacy."

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; 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

- People received person-centred care tailored to their individual needs. Relatives confirmed care was provided in line with people's plan of care, daily logs required more detail to demonstrate the care provided, such as whether the person had a shower or bath.
- Care plans provided information which supported staff to care for people in a way which met their needs and preferences. A relative explained the care provided by the service met people's needs and took into account their preferences, such as gender of care working when providing personal care.
- The service was flexible and responsive to people's needs. The registered manager told us, "That is why we get people involved, we ask them for their choice and preferences. We want people to be happy and receive the right kind of care."
- The service assessed the people's social and cultural needs and developed plans to meet these needs.
- Staff supported people to participate in meaningful activities outside of the home environment, including going for walks to encourage stimulation due to help manage the person's health condition.

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 communication needs were met by the service. The registered manager was aware of the requirements of the Accessible Information Standard, including providing information in an easy read format.
- Care plans detailed people's communication needs. For example, in one care plan the person's communication plan stated, "Staff should not rush [person] when they are speaking, be patient and calm when communicating with [person], advisable to wait until [person] responses to a question before asking another."
- A staff member told us the person they cared for could communicate their needs but they spoke with them in their native language.
- Relatives told us staff understood people's communication needs. A relative told us, "[Relative] doesn't have any particular need, they communicate well, and staff understands [person]."

Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints.
- A relative told us they were given a copy of the complaints procedure and knew how to make a complaint if they were not happy with the service. A relative told us, "If carers are running late, they let me know and would apologise. I really do not have any complaints."
- The service had policies and procedures to process complaints. This provided guidance for people and staff on how to make a complaint.

End of life care and support

- The service was not supporting anyone with end of life care.
- There was an end of life policy and procedure in place. This provided staff with guidance on providing end of life care.

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

- The service had a positive culture that was person-centred, inclusive and achieved good outcomes. The service was planned around people's preferences and their needs. Care plans included people's goals and outcomes.
- A relative told us, "So far [staff] care for my [relative] and I don't have any concerns, my [relative] is happy." They also told us they would recommend the service.
- Staff gave positive feedback about the support, they received from the registered manager and told us they were approachable and did a good job. A staff member told us, "[Registered manager] is a fantastic supervisor, she does supervision often and calls to monitor and see if they were alright. They also talk to the service user."

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

- The registered manager had extensive care knowledge and experience and knew what was expected of them. They conveyed this expectation to staff during staff meetings.
- Staff were clear about their roles and responsibilities and knew what was expected of them.
- The registered manager, maintained systems and processes to audit, monitor and review the quality of the service. This included monitoring staff attendance to ensure they arrived on time to deliver care and auditing of care notes to ensure care was delivered in accordance with people's plan of care.

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 registered manager understood their duty to be open and honest when something goes wrong.
- The registered manager told us duty of candour is about, "Transparency if you make any mistake. You need to inform and apologise."

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

- Feedback was being sought from people who used the service and relatives through regular spot checks and telephone monitoring of the service. Records confirmed this.
- Staff told us they felt supported by the registered manager who listened and valued their views about the service. A staff member told us, "We are given the opportunity to make suggestions and ways of improving

the service."

- The registered manager understood the importance of equality and providing a service that met the diverse needs of people. Care was individualised and tailored to meet people's needs.
- The registered manager told us, "Providing care is very important. We need to build good working relationship. Records showed staff worked alongside healthcare professionals where this was required to ensure people's needs were met.