

Cera Care Operations Limited

# Cera - Staffordshire and Stoke

## 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 - Staffordshire and Stoke is a Domiciliary Care Agency (DCA) registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported approximately 212 people with personal care 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.

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

Whilst there had been improvements since the last inspection some of the quality assurance systems were not always effective. Audits which took place with the medication records did not always identify areas where improvement was needed.

People told us they felt safe. Staff had received training in how to safeguard people. People had their risks assessed and their needs understood by staff.

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. There were enough staff available to provide consistent care and to meet people's needs. People were protected from the risk of cross infection as staff followed the additional guidance in place due to the COVID-19 pandemic.

People and staff were given opportunities to share their views about the service, and people felt able to contact the office to raise concerns.

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 this service was under a different location name 'Mears Care' which was requires improvement (published 11 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was the first inspection under the new provider, and we found improvements had been made therefore, the provider was no longer in breach of regulations. The service remains rated requires improvement.

### Why we inspected

Our intelligence and monitoring systems highlighted to us that the service was high risk. 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 remained as requires improvement. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. However, we have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Cera - Staffordshire and Stoke on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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.

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 - Staffordshire and Stoke

## **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

This inspection was carried out by two inspectors, one assistant inspector and two Expert 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 11 relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, the registered manager and care staff.

We reviewed a range of records. This included 17 people's care records and multiple medication records. We looked at 16 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.



# 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 requires improvement. At this inspection this remained the same. 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

At our last inspection the registered person failed to protect people from the risks associated with the unsafe management of medicines. The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were still required.

- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines and creams.
- However, we saw inconsistencies with the 'as and when required' medication, also known as PRN medication. Medication records detailed medication had been given, although some records did not show what dose had been given, such as paracetamol and lactulose.
- There were also inconsistencies in the recording of medication patches. For example, where medication patches had been prescribed, the location of where these were placed on the body was not recorded. Therefore, we could not be assured guidance was being followed to reduce the risk of skin irritation.
- Staff did not always have clear written guidance on where to apply creams and ointments.
- Since our last inspection the provider sent us an action plan to demonstrate how they were going to improve. At this inspection improvements had been made.
- People who were supported with their medicines received their medicines as prescribed.
- People told us staff supported them with their medicines. One person said, "I take my own tablets, but I have cream prescribed by my doctor and when [staff] put it on they [staff] sign on my Medicine Administration Record (MAR) sheet in my folder."

### Assessing risk, safety monitoring and management

- People had risk assessments in place which were specific to their needs. One person said, "The carers [staff] all understand my needs. I am never rushed, and they [staff] do all I ask them to."
- Staff were aware of people's individual risks and knew how to manage them safely and effectively.
- There were environmental risk assessments in place to make sure people and staff were safe in individual homes.
- There were COVID-19 specific risk assessments in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from staff. One person said, "I am very happy with everything. I do feel safe because the carers [staff] do their best for me; they are all very kind." Another person said, "I have a wash most days and they handle me very well. Sometimes they [staff] prepare meals for me."
- Staff had received training in protecting people from harm and knew how to recognise signs of potential abuse and how to report concerns to ensure people were kept safe from abuse.
- The registered manager submitted safeguarding notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Staffing and recruitment

- People told us there had been a significant improvement of having consistent carers over the past six months.
- People's comments included; "I always get the same carers [staff] which is what I like. They [staff] come on time and don't rush me. We have a right good laugh together, I feel lucky to have such good care" and "My carers are fantastic. I have the same ones I have always had and of course they stay as long as they should." A relative said, "We are now very happy with the care; it has got better over the last six months. The three carers who come now are good. They [staff] never rush [relative] at all."
- People told us staff arrived on time and stayed for the required amount of time. One person said, "I have nothing but praise for everything the carers [staff] do for me. We chat all the time and they [staff] come in any time between 9:00am and 10:30am each day. I prefer it to be as late as possible, so they [staff] do try their best." A relative said, "I am happier now than I was. Timings used to be very erratic and I never knew what time they [staff] would come but in the last six months it seems to have got much better."
- Staff had been safely recruited. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Preventing and controlling infection

- People told us staff used personal protective equipment (PPE) to protect them from infection. Comments included, "All the carers [staff] wear gloves, aprons and masks and before they [staff] put gloves on they wash their hands" and "They [staff] always have their masks and gloves on when they come in, so I feel safer from the COVID problems."
- Staff understood their responsibilities to follow infection control procedures.
- During the COVID-19 pandemic staff were supported with how to appropriately wear PPE to help keep people safe. Staff told us they had plenty of PPE available to them.
- Staff told us they had received infection prevention and control (IPC) training. One staff member said, "Yes, this tells us everything, how to wash hands before putting gloves on and how to clean worksurfaces."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager on a monthly basis. Staff told us they received information via text or email. This ensured learning was taken and improvements were made to people's care.
- The provider said "There is a 'lessons' learnt log' and as a region we have a meeting with the whole region as you can learn lessons from other services and share best practice. It is an open forum."



# 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 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

At the last inspection the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Whilst there had been improvements in the quality assurance processes, further work was needed in relation to the medication audits. The audits did not always identify inaccuracies with the medication records, such as PRN medication, creams and patches. This highlighted the audit processes in place were not always effective.
- Cera – Staffordshire and Stoke were in the process of transferring people's care records on to their new system. We saw there had been significant improvement in reflecting people's needs and being more person-centred.
- Although improvements had been made the provider was in the process of ensuring all care plans were updated as not all records included accurate information in relation to people's medication records. The registered manager had a plan in place for this. We will assess the effectiveness of this at our next inspection.
- There was a continuous improvement plan in place to ensure the service was working towards improvements based on the last inspection. The registered manager told us how the provider had a compliance team in place to support the ongoing improvements.

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

- Improvements were needed to ensure both people who use the service and staff experienced good communication with management and office staff.
- Despite the provider providing people with a 'service user guide' which detailed who the manager was, people and relatives were unable to tell us who the manager was and found it difficult to get hold of them. One relative said, "Management are not easy to get hold of at all; I couldn't get anyone to answer the phone

to advise on medication changes for my [relative]."

- The provider communicated with staff through various methods, including emails, newsletters and bulletins. However, we received mixed reviews from staff in relation to the day to day communication from the management team and care coordinators.
- Comments from staff included, "It is alright, sometimes if you want to speak to someone at the office they [coordinators] may be busy and they get them to say they will ring you back and they don't always ring you back", "It is normally the family that tell me of the changes and not the company; this can be frustrating" and "[They are] very approachable. They [managers] communicate well with the carers."
- The provider said, "The registered manager has been given a budget to use to reward staff and bought vouchers to hand out." We saw how the provider celebrated the achievement of workers through a 'carer of the month' scheme and 'care awards' which were advertised in the newsletters.
- The registered manager told us they felt very supported by the provider.

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 was aware of their responsibilities under the Duty of Candour. They said, "Just be open and honest with everybody and inform service users and their families if needs be and log all complaints so they are visible for everyone."
- The registered manager told us how they believed there had been improvements to the quality and safety of the service since the last inspection. They said, "I have noticed staff have started to report incidents more now than before; this can be seen on the trend analysis."

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

- The registered manager told us how the service carries out 'quality assurance calls' to service users. They said, "We do telephone checks, more often at the moment to check staff are wearing PPE. Service users can contact us through the 'care circle' (this is an electronic application that people can use as a form of communication)."
- Feedback was recorded from these calls and comments included, "Carers are always polite and friendly. They always wear PPE" and "Carers are very polite and professional towards my [relative]."
- Staff told us they were able to give feedback about the service. One staff member said, "We have to fill questionnaires, the last time was a few months ago. We do get feedback from them."

Working in partnership with others

- Staff worked in partnership with other health professionals. One staff member said, "I have a lot of dealings with the district nurses; those relationships are very good."