

Cera Homecare Limited

# Cera Southend on Sea

## Inspection report

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21 December 2022

22 December 2022

17 January 2023

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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

Cera Southend on Sea is a domiciliary care service providing the regulated activity of personal care. 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 our inspection there were 6 people using the service who were in receipt of the regulated activity personal care.

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

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.

### Right Support:

Staff enabled people to access health and social care support in the community.

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.

Staff communicated with people in ways that met their needs.

Staff supported people with their medicines.

Staff recruitment and induction training processes promoted safety.

### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People received care that supported their needs and were focused on their quality of life, and followed best practice.

### Right Culture:

Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.

The provider sought feedback from people and those important to them and used the information to progress the service.

The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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

This service was registered with us in September 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 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 Southend on Sea

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector and an 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. 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.

#### 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 December 2022 and ended on 17 January 2023. We visited the location's office on 19 December 2022.

### What we did before the inspection

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 reviewed information we had received about the service since it was registered with the Care Quality Commission. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people who use the service about their experience of the care and support provided. Where people were unable to talk with us, we observed people's interactions with staff. We spoke with the regional manager, registered manager, care coordinator and field care supervisor and one member of care staff. We reviewed 4 people's care files and 4 staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training, induction and supervision data. We also looked at the service's quality assurance arrangements.

Following the inspection, the Expert by Experience spoke with 3 people's relatives about their experience of the care provided. We visited 3 people in their own home and spoke with a further 2 members of staff.

# 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

- Effective safeguarding arrangements were in place to keep people safe. Relatives told us they had no concerns about their family member's safety. Comments included, "Yes, completely safe" and, "The 2 staff are like family" when referring to the staff who provided support to their family member. One person who used the service was able to tell us they felt safe.
- Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Assessing risk, safety monitoring and management

- Suitable arrangements were in place to manage risks to people's health and safety. Not all risk assessments were in place and information recorded to identify the risks associated with people's care and support needs and how to mitigate them. An assurance was provided by the regional and registered manager that this would be addressed.
- Despite the above, staff spoken with had a very good understanding and knowledge of the risk management strategies in place to ensure people's and others safety and wellbeing.

Staffing and recruitment

- Relatives comments relating to staffing levels were variable. One relative told us, "Aside from next week when they've told me they're going to have some problems, it's pretty much okay. They [organisation] usually give me enough notice to get someone from the other agency if this one is having issues. Sundays can be tricky, when that happens, we have to manage ourselves" and, "I don't know of any issues. I think all over the country they're having issues, aren't they?"
- Staff confirmed they received their roster in advance and there were enough of them to keep people safe.
- Staff confirmed they supported the same people. Two people confirmed they received good care and support from the same core team of staff. However, where a recent change of staff had occurred for 1 person, no opportunity had been considered for the person using the service to meet this member of staff to ensure a gradual changeover occurred.
- Suitable arrangements were in place to monitor staffing levels, including shifts that were unallocated. This ensured there were sufficient staff available to meet people's care and support needs at all times. On-call arrangements were effective, offering support and advice to staff where problematic circumstances were encountered.
- Recruitment records showed thorough recruitment procedures were in place to keep people safe. Relevant

checks were carried out before a new member of staff started working at the service. These included processing applications, the obtaining of references, ensuring that the applicant provided proof of their identity, conducting employment interviews and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medication practices ensured people received their medication as they should.
- Effective arrangements were in place to ensure compliance with medication was achieved for people using the service. The provider's representative and registered manager received alerts to enable them to review and have oversight of medicine practices within the service.
- Staff had received appropriate medication training.

#### Preventing and controlling infection

- Staff had received infection, prevention and control training.
- Staff told us they had access to appropriate Personal Protective Equipment.
- The provider's infection prevention and control policy incorporated regularly updated processes to reflect changes in government guidance.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns and report them both internally and externally. Staff knew how to report accidents and incidents. Where accidents and incidents had occurred, they had been reported and appropriate action had been taken to ensure lessons were learned.



# 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.

Staff support: induction, training, skills and experience

- From 1 July 2022, all registered health and social care providers must ensure that their staff receive training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. This should be at a level appropriate to their role. The new legal requirement was introduced by the Health and Care Act 2022. Staff training information provided showed staff had not received specific training relating to learning disability and autism.
- Staff received an induction when newly appointed to the organisation. Not all staff had received regular supervision. Staff told us they felt supported by the care coordinator and care field supervisor. However, not all staff felt supported by the registered manager. Staff confirmed they had yet to meet the registered manager, despite them being formally registered with the Care Quality Commission since September 2022 and suggested they were difficult to contact and did not always respond to emails in a timely manner.
- Relatives told us staff had the skills and knowledge to support them with their individual needs. Comments included, "Staff seem to know what they are doing" and, "Yes, I'd say so" staff are trained.
- Staff had received mandatory training in line with the organisation's expectations.

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

- Staff supported people as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.
- People were empowered to make genuine meal and drink choices. People were involved and supported to help plan their meals and to participate in food shopping. Two people confirmed they were supported by staff to shop at their local Sainsbury's supermarket and to have meals of their choosing. They also told us they regularly had lunch out at a café or restaurant.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support.
- People's healthcare needs were met, and they received appropriate support from staff. Records demonstrated people were supported to attend medical appointments, for example, to the GP, dentist and chiropodist. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments.

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.

- People were empowered and supported by staff to make their own decisions about their care and support.
- Care plans recorded people's capacity and ability to make day to day decisions. Where people lacked capacity, details of relatives who could support with decision making or advocate on their family member's behalf was recorded.

# 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

- Relatives told us their family member was treated with care and kindness by staff. Comments included, "Yes, I am very happy with the care and support provided" and, "I am very pleased with the care."
- Relatives confirmed regular staff knew their family member well and positive relationships established. Comments included, "The regular staff know [relative] very well. It is a comfort to me" and, "Staff do what is needed." One person told us they really liked the staff that supported them. They told us, "The [staff] are absolutely lovely, I like them very much."
- We observed staff treating people in a caring and friendly manner. Staff interacted well with them and had a good rapport with the people they supported. Staff were attentive to people's needs and included them in conversations.
- Information from people's daily journals demonstrated staff supported people when they experienced discomfort and distress. People received consistent care and support from familiar staff.

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

- People, relatives and staff were given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys. The latter was to be completed early 2023.
- People and those acting on their behalf were given the opportunity to provide feedback about the service through the completion of a feedback form and 'customer quality review' form. This was completed with the person using the service, their relative and/or care field supervisor. Information viewed demonstrated no areas of concern were highlighted for corrective action.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence. Information from people's daily journals demonstrated people were supported to complete their own personal care tasks where appropriate, to undertake household chores, to make drinks and assist with meal preparation.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery. One person was noted to wear jewellery. Staff told us this was very important to the person, "They like their bling."

# 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; End of life care and support

- People who used the service had a support plan in place describing their individual care and support needs; and information detailing the delivery of care to be provided by staff.
- Staff told us they always had sight of a person's care plan prior to them visiting the person's home and delivering the care required for the first time.
- People were supported by a consistent team of staff who knew the people they supported, very well and understood their likes and preferences and how they preferred to be cared for.
- The provider confirmed no one using the service was assessed as being at the end of their life. The provider told us, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

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.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.

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 were supported to maintain relationships that were important to them, for example, with family members.
- Information from people's daily journals provided limited evidence to demonstrate staff supported them to take part in social activities. For example, whilst there was evidence of some social activities for 2 people, there was a lack of information recorded for 1 person who had been unable to access their local community for a significant period of time.

Improving care quality in response to complaints or concerns

- The registered manager told us no concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others since the domiciliary care service

became operational in 2022. This concurred with information held by the Care Quality Commission.

- The service's Statement of Purpose provided information for people and those acting on behalf about how to make raise a concern or complaint. The registered manager confirmed this was provided to the person at the commencement of the service.
- A record of compliments was not maintained at this time to demonstrate the service's achievements.

# 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; Continuous learning and improving care

- The leadership and overall management of the service ensured it was consistently well-managed and demonstrated people using the service received positive outcomes. However, staff were not aware of the 'Right support, right care and right culture' principles that should underpin their day to day working practices.
- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the provider drive improvement, including the monitoring of potential trends and lessons learned.
- The service had a positive culture which focused on people receiving person centred care and achieving the best outcomes for people using the service.
- Relatives and staff were complimentary regarding the organisation and said the service was well managed and led. Staff told us the team worked well together and were supportive of each other. They felt able to contact the office at any time.

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 understood the duty of candour and their responsibility to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to investigate and feedback on incidents, accidents and complaints.

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

- The provider and registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service and ensuring compliance with regulatory requirements was achieved.
- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service.
- Relatives and some members of staff told us they had yet to meet or have contact with the registered manager, despite them being registered with the Care Quality Commission in September 2022.

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

#### characteristics

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Relatives told us communication with the service was good.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- The organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.

#### Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.