

Cera Care Operations Limited

# Cera - Staffordshire and Stoke

## Inspection report

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22 March 2023

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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 providing personal care to people living in their own homes. The service provides support to people with dementia, learning disabilities or have autistic spectrum disorder, mental health issues, physical disabilities, sensory impairment, older people and younger adults. At the time of our inspection there were 185 people using the service.

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.

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.

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

#### Right Support:

People were supported to have maximum choice and control of their lives. Staff knew people well and understood how they were to be supported in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice.

People's care plans and risk assessments did not always identify how to support them with their individual needs. However, people were supported by staff who knew them well to be able to support them with their needs and to have choice and control in their lives.

#### Right Care:

Some improvements were needed to people's care plans and although plans were person centred, these were not always updated in a timely way and not all health risks were assessed and planned for. People and relatives told us they felt safe with their carers. Staff had received mandatory training to be effective in their roles in supporting people.

#### Right Culture:

People and staff told us they had experienced communication issues with the office staff and issues reported to them were not always acted on. The registered manager had already identified this and was putting measures in place to address it. Some people and relatives told us care calls were sometimes late, and this had caused upset. The registered manager was responsive to our feedback about a potential safeguarding issue and took some immediate action to ensure people were made safe.

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 this service was requires improvement (17 March 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We received concerns in relation to safeguarding and call times. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this 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).

#### Enforcement

We have identified breaches in relation to safeguarding, staffing and governance and oversight 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 from 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 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?**

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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 4 inspectors and 2 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.

#### 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

Inspection activity started on 21 February 2023 and ended on 23 March 2023. We visited the location's office on 22 February 2023, 16 March 2023 and 22 March 2023.

### What we did before the inspection

We reviewed information about the service from on-going monitoring such as information we had received. We sought feedback from the local authority, and other professionals who work with the service.

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 used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 10 people and 6 relatives. We also spoke with the registered manager, the area manager, a care coordinator, a quality assurance lead and 10 staff. We looked at the care records for 7 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse.
- Staff had received safeguarding training. However, prompt action was not always taken where there were allegations of abuse to safeguard people from the risk of further harm.
- We found some staff members were unaware of external agencies they could share concerns of abuse with, and this placed people at risk of potential abuse. We did see evidence that the provider had informed staff of external agencies they could report to, but we found staff were still unaware of them. One staff member told us they had shared concerns about a person being subject to abuse with the management team. However, they told us no action had been taken to safeguard the person. The staff member was unaware of external agencies to share concerns of abuse with.
- During the inspection people, relatives and staff shared allegations of abuse with us. We have shared this information with the registered manager and asked them to make a safeguarding referral to the local authority safeguarding. The registered manager confirmed with us the referrals had been made.

Staff's lack of understanding about how to safeguard people from abuse, placed people at continued risk of harm. This is a breach of regulation 13, Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the safeguarding referrals had been made and showed us actions they had taken.

- Some people we spoke with told us they felt safe with the carers. People said, "[Carer] mainly cares for me – I feel safe," and "I always feel safe."

Staffing and recruitment

- People could not be confident there would always be enough staff to meet their assessed needs.
- Prior to our inspection visit we had received several complaints about care calls being late or missed. During the inspection some people continued to raise the same concerns. People told us their call time had been changed without this being discussed with them. One person told us about the negative impact late calls had on their relative, causing them to be agitated and distressed.
- People told us staff were very kind and respectful but were very busy and their calls were sometimes rushed. A staff member said, "Some people get dead frustrated when we are late, they are sitting there looking at the clock and getting anxious."
- Staff told us they were expected to be at several calls at the same time. One person told us staff were so

busy, a staff member just 'popped their head' around the door and asked if they were alright and left without providing them with care or support. Another person told us staff from the office often called them to cancel their call.

- We reviewed staff call logs regarding call visits, this showed staff were not provided with enough travel times to get to a call at the scheduled time. We also found multiple calls had been rostered for the same time for the same staff member. We found several calls were extremely late or extremely early. The inconsistency of calls placed people at risk of their care needs not being met in a timely manner.

Insufficient staffing levels placed people at risk of their assessed needs not being met and this is a breach of regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were actively recruiting more staff and 15 new carers would be commencing employment after safety checks had been completed.
- People were assured staff were suitable to work with them. Staff told us prior to working for the agency, a Disclosure and Barring Service (DBS) check was carried out and references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- Information relating to risk management did not always provide enough information to ensure people's needs were met safely.
- Care plans showed 1 person had a hearing impairment and wore hearing aids. They were also visually impaired and wore glasses. However, the section in their care record relating to sensory impairment was identified as 'not applicable.' This placed the person at risk of not being appropriately supported with their sensory impairment. At the time of the inspection, we did not identify any evidence of the lack of information having an impact on the person.
- Risk assessments were in place with regards to people's living environment and these were detailed identifying any potential risks and informed staff of control measures.

#### Using medicines safely

- People were supported by staff trained to support with medication, to take their prescribed medicines.
- Staff had attended medication training and had competency checks to make sure they administered medicines safely.
- Where people were prescribed medicines on an 'as required' basis there were clear records in place to ensure people received these when they needed them. One staff told us, "All people have protocols in place to tell us when to give as required medicines."

#### Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE). However, 1 person told us staff do not always wear their mask properly leaving their nose exposed. Another person raised concerns about staff having long varnished nails. One person told us staff did not always wash their hands. These practices placed people at risk of contracting avoidable infections. We shared these concerns with the registered manager.
- Staff told us they had received infection prevention and control training and the training records we looked at evidenced this. However, information people shared with us did not demonstrate all staff had put skills learnt into practice which, placed people at risk of contracting avoidable infections.
- The provider had an infection prevention and control policy in place which, identified they had an infection prevention and control (IPC) lead in place. This person would be responsible for ensuring safe IPC

practices to avoid cross contamination and to reduce the spread of infection. However they had not identified and addressed issues we found on inspection leaving people at risk of contracting avoidable infections.

#### Learning lessons when things go wrong

- Lessons were learned where the registered manager was aware things had gone wrong. For example, the registered manager reviewed accidents and incidents and made changes to people's care and support to reduce future risk. However, during the inspection, we identified not all safeguarding risks had been brought to the registered managers attention by the office team prior to the Inspection. For example, the safeguarding risks we asked the registered manager to make safeguarding referrals for.

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, whether appropriate legal authorisation was in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We observed where appropriate mental capacity assessments had been carried out to determine the person's level of understanding and their ability to make a decision.
- Where people had a court of protection order in place, the provider had obtained evidence of this. This ensured they were aware of who had legal authority to make decisions on the person's behalf.
- There was a culture from learning lessons when risk had been identified, by sharing information at team meetings and supervisions.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

- The provider was rated requires improvement in this key question at their previous inspection. We found not enough action had been taken to improve the quality of the service delivery.
- The provider's governance was ineffective to identify the shortfalls found during this inspection which had a negative impact on the service people received.
- Monitoring systems were ineffective to ensure care records provided staff with relevant information about people's assessed needs. For example, 1 person required full support with their continence needs. However, information in their care records relating to toileting was identified as 'not applicable.' This placed the person at risk of not receiving the appropriate support.
- The provider's governance was ineffective to ensure staff were provided with enough travel time between each call. One staff member told us 3 additional calls had been added to their rota without their knowledge which, meant the calls would be late. We reviewed the call log which evidenced calls were 'crammed.' This meant people's care needs were not met in a timely manner.
- Monitoring systems did not ensure all staff were aware of the principles of safeguarding people from the risk of potential abuse. This placed people at risk of continued harm.
- The provider's governance was ineffective to ensure people's assessed needs were met in a timely manner or to ensure they were safeguarded from the risk of harm.
- Due to the number of concerns, we received prior to our inspection visit and during this inspection it was evident the registered manager and provider did not have oversight of the quality of service, and this placed people at continued risk of their assessed needs not being met.

The provider's governance systems were ineffective in monitoring the quality of service provided to people and this is a breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered provider delivered a service to a person who has a learning disability. However, this was not identified on their service user band or their statement of purpose

The provider responded immediately during and after the inspection. The learning disability service user band was added, and the statement of purpose was updated.

- The registered provider had displayed their inspection rating on their website and in the registered location which they are legally obliged to do so.
- The majority of people who used the service were very complimentary of the care staff. One person told us, "My washing machine broke down and my carer took my washing home and washed them for me."

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

- The culture was not person-centred.
- Although, most staff thought the care provided to people were good, they told us they would not use the service for their loved ones. This was due to insufficient staffing levels, late and missed calls and the lack of choice regarding the gender of staff.
- Prior to our inspection visit we had received several complaints about the professional conduct of the office staff. This information was shared with the nominated individual who took swift action to ensure these concerns were investigated and took action to address this. However, during the inspection people and staff continued to raise concerns about office staff's unprofessional conduct and the reluctance to address concerns. One person told us, "Communication is very poor." Another person said, "I don't ring the office anymore. What's the point nothing ever gets done."
- The majority of people who used the service were very complimentary of the care staff. One person told us, "My washing machine broke down and my carer took my washing home and washed them for me." However, due to calls being late or missed their care needs were not always met. People's choice with regards to the preference of gender to provide them with personal care was not always respected.

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 was clear about their duty of candour. They told us they knew that they needed to inform people and others when something had gone wrong, and they needed to apologise and put appropriate measures in place to reduce the risk of it happening in the future. However, this had not always happened. People said, "The office staff don't communicate, and the level of response depends on who you speak to" and "Communication is not that good and trying to contact the office is really hard."
- When incidents and mistakes were identified and acted upon, findings were shared and discussed within regular team meetings and handovers to learn from them.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.

The provider included cultural needs in care plans. For example, 1 person wanted a carer who understood their religion and would pray with them, and this was facilitated.

- The provider welcomed suggestions from the staff team and valued their contributions. One staff member said, "We have a team meeting each month."

Continuous learning and improving care

- Where the provider had identified areas of improvement, they had been discussed at team meetings.
- The provider invested in their own electronic system to try to improve the delivery of care.
- Staff felt able to suggest improvements to the care they provided at supervisions and team meetings.

Working in partnership with others

- Records reviewed confirmed collaboration with health and social care professionals.

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service/ the wider system.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Staff's lack of understanding about how to safeguard people from abuse, placed people at continued risk of harm.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance systems were ineffective in monitoring the quality of service provided to people
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Insufficient staffing levels placed people at risk of their assessed needs not being met..