Gemcare South West Limited

Cera - Plymouth

Inspection report

63 Haddington Road
Stoke
Plymouth
Devon
PL2 1RW

Tel: 01752967221
Website: www.gemcare.org.uk

Date of inspection visit:
15 June 2021
29 June 2021

Date of publication:
09 August 2021

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 Plymouth is a domiciliary care agency providing personal care to people in their own homes. The service provides care and support to people which include personal care, food preparation and medication support. At the time of this inspection, the manager informed us they were providing personal care to 354 people who used 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.

People's experience of using this service and what we found
Most people were happy with the staff who supported them. However, some people told us they were unhappy about the timings of and, communication around their visits.

People told us they were happy with the support they received with their medicines. People's medicines support needs were documented in care plans. We have made a recommendation about the management of some medicines.

Risks assessments were in place and gave staff guidance on how to reduce risks and actions to take. People told us, "My wife is safe in their care. I can tell that just by the general care they show during the professional activities they do" and, "I feel safe as the carers make sure that I don't fall." People and their relatives confirmed staff followed good infection control practice in their homes. They said they felt safe and staff wore personal protective equipment (PPE) appropriately.

A new provider took over the service in July 2020. The nominated individual told us they had a number of actions to complete when they took over the service and some remained in progress, mainly due to challenges they faced during the pandemic. They had made improvements in relation to risk assessments, care plans, and medicines. The provider had quality assurance systems in place. Although they had identified issues relating to timing of visits and communication, these had not been resolved. Following our inspection, the nominated individual assured us they had already made improvements to the scheduling of visits and the introduction of a new system had been brought forward.

People gave mixed feedback when asked if the service was well-led. A new manager started working at the service at the end of March 2021 and was in the process of applying to register as manager with CQC. They were keen to make improvements and were responsive during our inspection.

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

Rating at last inspection and update

The last rating for this service under the previous provider was Requires Improvement (published 9 January 2020). The service remains rated requires improvement.

Why we inspected
We carried out an announced focused inspection of this service in December 2019. Two breaches of legal requirements were found. The previous provider completed an action plan after the last inspection to show what they would do and by when to improve and meet the regulations relating to safe care and treatment and good governance.

We undertook this focused inspection to check they had followed the previous provider's action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cera-Plymouth on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one continuing breach in relation to governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cera - Plymouth

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 completed by one inspector and two assistant inspectors. Three Experts by Experience telephoned people, who received care from the service, and relatives to obtain feedback about their 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
Cera - Plymouth is a domiciliary care agency. It provides personal care to people living in their own homes. The service did not have a manager registered with the Care Quality Commission. The manager at the service had applied to register as manager and, this was in progress. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave short notice of the inspection because we needed to arrange consent for phone calls to people and their relatives and we needed to be sure the manager would be available to support the inspection.

Inspection activity started on 15 June 2021 and ended on 29 June 2021. We visited the office location on 29 June 2021.

What we did before the inspection
We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The local authority shared information with us. 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 judgement in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 47 people who used the service and 19 relatives to gain their views about the service. We also spoke with 20 staff which included care workers, care quality leads, domiciliary care manager, manager, peripatetic manager, regional director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a further 19 staff and two healthcare professionals.

We reviewed a range of records. This included nine people's care plans and risk assessments. We looked at documentation relating to medicines for four people. We looked at four staff files and checked to ensure recruitment was safe. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

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 key question has 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.

Staffing and recruitment

● People did not always receive care at their agreed time. Some people told us they were happy with their visits. Other people didn't know what time their visit would take place or which staff member would be coming into their home. Comments included, "They can arrive anytime between 7.30am and 10.15am" and, "They can let themselves in, I never know who is going to be just appearing in my home." This impacted on people's day and any plans they had made.

● Staff told us they weren't always informed about changes to visits and sometimes had difficulty getting a response from the office. Some staff said they didn't always have enough travel time between visits. Staff were given five minutes travel time between each call. Several staff told us they started before their shift and worked on up to an hour past the end of their shift to be able to complete their visits safely and meet people's needs appropriately. Staff voiced concerns that some care staff were rushing and not meeting people's needs. Some people told us they felt rushed at times.

● People's records showed some visits were being carried out a lot earlier or later than their agreed time. Visit times scheduled in people's care plans did not match those scheduled on the system, or the actual times the visits were taking place. We discussed this with the management team who told us there were issues with the current computerised system. Following our inspection, the nominated individual assured us they had already made improvements to the scheduling of visits and the introduction of a new system had been brought forward. We considered the systems the provider had for monitoring the quality of the service under the well-led section of this report.

●The manager told us it had been difficult at times, during the pandemic, to manage absences and maintain staffing levels. There were ongoing recruitment processes in place. Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This helped to ensure they were suitable to work with people.

● Staff told us they have completed training. Experienced care staff told us they felt the training was suitable for them. However, several staff felt the training wasn't good enough for staff who were new to care. Most people told us staff were trained to meet their needs. Comments included "The carers know what they're doing and they're very competent" and "I think the staff all have good training." Two people told us some care staff didn't know how to meet their needs in relation to their Stoma bag. Another person told us a staff member wasn't using their hoist sling properly and they had nearly fallen out. The manager had spoken with this person and ensured the staff member was retrained, observed and monitored. The nominated individual told us the training programme was being further developed and there were plans to re-introduce more face to face training as we come out of the pandemic.

Assessing risk, safety monitoring and management

At our last inspection people's care records were not always accurate and complete. This was a breach of regulation 17 (Good Governance) 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 17 in relation to people's care records.

● Risks to people had been identified and detailed risk assessments were in place. Risks assessments considered personal care, people's medical conditions, risk of falls and the environment in which care was to be provided. People told us, "My wife is safe in their care. I can tell that just by the general care they show during the professional activities they do" and, "I feel safe as the carers make sure that I don't fall."
● Records gave staff guidance on how to reduce risks and actions to take if needed. Where staff noticed a change in people's mobility, they raised this, and the service arranged for a health professional to re-assess their needs. One relative told us staff had noticed a change. This meant the person sought medical attention and a cancerous growth was now being treated. They said it gave them peace of mind to know staff were looking after them.
● The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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.
● Improvements had been made to people's medicines care plans and their support needs were documented.
● Staff were trained to support people to take their medicines safely. Staff competency was assessed, and supervision was provided if needed.
● People told us they were happy with the support they received with their medicines. Two people who were prescribed paracetamol were not always having the required four hours between doses due to visit times.
● Following our inspection, the provider assured us people's visit times would be looked at to ensure their medicines were spaced appropriately.

We recommend the provider keeps their systems under review to ensure people receive their time sensitive medicines spaced correctly.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems and processes in place to ensure people were safeguarded from the risk of abuse.
● People and their relatives told us they felt safe and comfortable when staff were with them in their home.
● Staff had completed safeguarding adults training. They knew how to protect people and report concerns about people's safety.
● The provider worked with the local authority safeguarding team to ensure people remained safe.

Preventing and controlling infection

● The provider ensured systems were in place to prevent and control infection.
● People and their relatives confirmed staff followed good infection control practice in their homes. They said they felt safe and staff wore PPE appropriately.
● Staff had completed infection control training and received guidance specifically relating to COVID-19. Staff understood their responsibilities in relation to this.

Learning lessons when things go wrong
● The provider ensured systems were in place to learn when things went wrong.
● Where incidents had occurred, the service reflected on whether it could have been prevented. Actions were taken where appropriate to minimise the risk of re-occurrence.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not effectively assessed and monitored the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to people's care records. However, not enough improvement had been made at this inspection in relation to systems ensuring people received a high quality service and the provider was still in breach of regulation 17.

- The provider had quality assurance systems in place. The feedback the service received from people in February 2021 was the same as our inspection findings. Issues relating to timing of visits and communication had not been resolved.
- People, relatives and staff told us they had difficulty getting through to the office. Feedback we received showed there had been issues in the past few weeks. Comments included, "I called the office about eight times. The phone rang about eight times then it said I'm sorry, but the person you are trying to contact isn't available please call back later" and, "I was on hold about 10 minutes and no-one answers and, I have rung three more times again and no answer."

We found no evidence that people had been harmed however, systems in place had not ensured issues were resolved. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new provider took over the service in July 2020. The nominated individual told us they had a number of actions to complete when they took over the service and, mainly due to challenges they faced during the pandemic, some remained in progress. However, they had made improvements in relation to risk assessments, care plans, and medicines.
- Following our inspection, the regional director told us they had identified a significant issue with the phone system which had now been rectified.

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

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

● The current manager started working at the service at the end of March 2021 and was in the process of applying to register as the registered manager with CQC. They were keen to make improvements and were responsive during our inspection. People and staff who had been in contact with the manager gave positive feedback. Comments included, "Really fantastic support wise and she is trying to pull everything back and get things in order" and, "(Manager's name) has been brilliant. Everything's got a little better."

● Staff we spoke with wanted to achieve good outcomes for people. Comments included, "I really enjoy it – for me it's the clients and going in and making a change for them and making their lives easier" and, "I am one of those carers not to rush out on the job, I will not leave that client until I have seen a smile on their face." One person commented, "I think they are doing something right because the care agency care in the true sense of the word in the selection of the staff they use, they are picking good people because the staff do care."

● Staff told us they had been kept up to date through emails. Some staff had not felt comfortable attending online meetings and told us they had missed face to face supervisions and meetings. The nominated individual told us there were plans to gradually reintroduce these as we come out of the pandemic. They said, "We have some amazing people working for us in Plymouth and we wouldn't be where we are without their hard work and dedication."

● The provider had sent out information for care staff to raise any concerns through their whistleblowing email address which was independent to the branch and regional team. However, two staff told us they were worried about raising concerns as their hours had been taken off them previously. When we discussed this with the provider, they told us they would take action to resolve this immediately.

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 was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

● The provider understood the duty of candour in respect to being open and honest with people and relatives.

Continuous learning and improving care; Working in partnership with others

● The management team were committed to improving care where possible. They kept up to date with national developments in the care sector.

● The service was taking part in a local authority domiciliary care review project to ensure people had the right level of care to meet their needs.

● A health professional told us the service had worked in partnership with the local authority to address all the challenges Covid brought. Meetings were held regularly. Staff from Cera Plymouth supported other services at short notice when they couldn't cover all of their visits to ensure people were safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1)(2)(a) The provider's systems had not been effective in responding where quality was compromised.