



Inspection Report on

Cerecare Nursing and Domiciliary Services Ltd

**Cerecare Nursing & Domiciliary Services Ltd
26 Bridge Street
Lampeter
SA48 7AA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

03/07/2023

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About Cerecare Nursing and Domiciliary Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Cerecare nursing and domiciliary services ltd.
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	13th October, 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Cerecare are a domiciliary support service providing care and support to people in their own homes. People we spoke with were generally happy with the service they received from care staff, are treated with dignity and respect, though noted how recent staffing difficulties had impacted on their care provision. Care staff told us they feel supported, though they do not receive formal support and guidance from management. The service provider has recently appointed a new acting responsible individual (RI) and new manager at the service to improve quality and compliance.

We found greater oversight is required to ensure people are safe and receive quality care. Areas of priority action have been identified regarding oversight and governance of the service including provisions for RI visits to the service and the review of the quality of care at the service. Areas of priority action have also been identified regarding the quality of personal plans, the reviewing of personal plans, the fitness, supervision, and development of staff. The provider must take immediate action to address these issues. Assurances have been given that the issues raised will be addressed. These issues will be considered at the next inspection.

Well-being

People and their representatives spoke positively about the care provided by care staff at the service. People are treated with dignity and respect by care staff. An individual using the service communicated that care staff are good, make you feel safe and know what you like to be called, if this is different from your given name. A family member told us, “*Never any question about safety, care and thoroughness*” with care staff.

People can communicate in Welsh, to Welsh speaking care staff, though written information is not available to people who have requested this in Welsh.

People spoke positively about their relationships with care staff. An individual who uses the service told us, “*They know how I like my tea*”. However not all people’s wellbeing has been supported through consistent care and support being provided by sufficiently trained and supervised care staff who are known to them. This is due to the lack of oversight and monitoring of the service by the service provider. The service has experienced staff recruitment and retention issues which has resulted in disruptions to care provision and people receiving care from staff who are unfamiliar to them. A family member told us, “It has been really disruptive”.

People do not have a strong voice within the service and are not actively involved in the planning of their support arrangements. People cannot be assured that they will receive care and support based on their needs, preferences, and personal goals as a result. People therefore cannot be assured that their wellbeing is consistently promoted. This is due to the lack of oversight and monitoring of the service by the service provider and has had an impact on the safety and wellbeing of people.

People are not consistently protected from harm. Whilst the provider does ensure all staff undertake Disclosure & Barring Service (DBS), some staff are in employment without robust recruitment and vetting procedures. People are also not consistently receiving care and support from care staff who have undergone an induction into the service. Care staff are not receiving supervision to ensure quality care and support is given to people.

Care and Support

People speak well of the care and support they receive from care staff who treat them with dignity and respect. A person using the service told us, *"The staff are good... they treat me well...yes I feel safe with them"*. However, service providers have insufficiently detailed personal plans in place which do not support care staff delivering care and support in a consistent way. Personal plans are not person-centred and do not contain information about people's preferences and personal goals. People and their representatives are not involved in planning the care and support to be provided. Personal plans do not include all necessary risk assessments and guidance to staff on how to mitigate risks to people. This includes falls risk assessments and how to communicate with people. Care notes are brief. People are reliant on representatives to enhance care staff's knowledge of them. The service provider has given assurances that a new approach to care planning is being introduced, which we saw at inspection. Without all relevant information, service providers cannot be assured they are providing care and support according to people's unique needs or meeting people's personal outcomes. People's personal plans are placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Personal plans are not reviewed in a timely manner when an individual begins receiving care and support from the service. Personal plans are also not reviewed according to regulatory timescales. Unreviewed plans are placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People receive care from care staff who are motivated in their role and want to provide a good standard of care. A relative told us, *"They are there when we need them and they are good"*. However, the service has experienced staffing difficulties. This has resulted in some people receiving care from new and unfamiliar staff.

The service has processes in place to safeguard people. Care staff receive safeguarding training and are clear about the correct safeguarding and whistleblowing procedures to keep people safe.

People are supported to access health and social care professionals when needed. Care staff are trained to respond to events and refer on to the relevant agencies.

Infection prevention and control procedures are good. Care staff wash their hands regularly and wear appropriate personal protective equipment (PPE). A member of care staff told us, *"We always have enough"*.

Leadership and Management

The statement of purpose (SOP) does not provide accurate and up-to-date information about the service and therefore does not reflect the service being provided to people. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

The service provider has not ensured effective monitoring and oversight of the service since our last inspection. There is no evidence the service provider ensures the responsible individual (RI) visits the service or spends time talking with people. There is no evidence that the service provider ensures regular requests for feedback are sought from people using the service, their representatives, care workers and other involved parties such as health and social services. Quality of Care reviews have not been undertaken, to ensure the quality and safety of the service. We noted a lack of information to identify where the quality and safety of the service is being compromised. We saw that the service does not consistently notify Care Inspectorate Wales (CIW) of significant events. We did not see evidence of quality assurance systems in place, which enable the service provider to identify areas of weakness that require improvement. This is key to ensuring the best possible outcomes are achieved for individuals. This is having a negative impact on people's health and wellbeing and placing them at risk, and we have therefore issued Priority Action Notices. The provider must take immediate action to address these issues.

There have been changes to the leadership and management of the service. The service has recently appointed an acting responsible individual (RI) who has made an application with CIW to be registered. A recently appointed manager has taken over day-to-day operation of the service. The manager is not suitably qualified for the role and is therefore not appropriately registered with the social care workforce regulator, Social Care Wales. The manager is taking steps towards registration. The manager will require in-depth guidance to ensure the service operates in line with regulations. We were told the responsible individual will provide mentoring and support for the manager throughout this time.

The service has experienced difficulties in recruiting and retaining staff. This has impacted on the service providers ability to manage the service and provide care and support to people. At the time of the inspection, the service was not reliant on agency staff and has appropriate staff contingency plans in place in the event of a staffing emergency. The service provider continues to work closely with commissioners to ensure consistent care and support for people.

We were told that the manager has not always been available to help or advise staff when required, as the manager has previously been supporting staff in providing care and support to people. A member of care staff told us, "*There aren't any senior carers who we*

are directed to go to in emergencies". The service provider has given assurances that the manager will not be providing care to people until a review of the service's organisational structure has been completed. The service provider is creating an action plan to address shortfalls in the service. Time will be required for the acting RI and manager to implement all needed changes.

Care staff are appropriately registered with the social care workforce regulator, Social Care Wales. Disclosure and Barring Security (DBS) checks are in place and current. However, the service has insufficient recruitment and vetting arrangements in place. We did not see evidence of manager oversight of the recruitment and vetting process. Not all staff personnel records contain all the information required by regulations to ensure they are safe and fit for work. Some files did not have sufficient references, the person's full employment history recorded or reasons for leaving prior work with vulnerable people. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Records show the service has an inefficient induction programme. A member of care staff told us, "*Some staff have waited three to four months for induction, and these are people who have never worked in care*". Staff training records indicate care staff have completed inadequate levels of training, as not all care staff have completed required First Aid training. Additionally, the service provider has not ensured staff are receiving supervision and appraisals as required by regulations. The support and development of staff is key to ensuring that quality care and support is consistently provided by staff who work unsupervised in people's homes. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
6	The service provider has not ensured the service is provided with sufficient care, competence and skill.	New
15	The service provider has not ensured that personal plans contain sufficient detail and all appropriate risk assessments outlining how the care and support needs of individuals will be met. Personal plans are currently not person-centred, do not contain social history, likes, dislikes and the personal goals identified by the individual. Without this information, service providers cannot be assured they are meeting the personal outcomes for people.	New
16	The service provider has not ensured that personal plans are reviewed in a timely manner and include a review of how people have been supported to achieve their personal outcomes.	New

35	The Service provider cannot be assured that all care staff are safe and fit to work at the service as not all staff personnel files contain the regulatory information required.	New
80	The service provider has not ensured suitable arrangements are in place to establish and maintain a system for monitoring, reviewing and improving the service.	New
36	The Service Provider does not ensure that all care staff receive an induction into the service and all relevant training. The Service Provider does not ensure that staff receive supervisions and appraisals.	Not Achieved
73	The Service Provider has not ensured systems are in place for the Responsible Individual (RI) to visit the service.	Not Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
7	The service provider has not ensured the service is delivered in line with the statement of purpose (SOP).	New
34	staff are working more hours than they wish to work. the manager is covering care worker shifts, meaning they are unable to fulfil all of the requirements of a manager.	Achieved

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