

CERA – Central Scotland Housing Support Service

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Type of inspection:
Unannounced

Completed on:
15 January 2024

Service provided by:
CERA Care Operations (Scotland)
Limited

Service provider number:
SP2009010680

Service no:
CS2010250092

About the service

CERA - Central Scotland is provided by CERA Care Operations (Scotland) Limited who are part of a national technology-enabled care company. They provide services to people who live in North Lanarkshire and West Lothian.

The service aims to provide high quality and flexible home care for people of all ages to continue living independently in their own homes, including those who live with complex conditions.

Their mission is to provide outstanding care and support to customers and make a positive difference to the quality of people's lives.

At time of inspection, 253 people were using the service.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 January 2024 . The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with nine people using the service and four of their relatives
- Spoke with 12 staff and management
- Reviewed documents
- Spoke with two visiting professionals

Key messages

- A high number of people's six monthly reviews were out of date and needed to be completed to ensure that people were happy with their package of care.
- The service were not carrying out regular quality assurance and scrutiny which meant there was limited information about what had worked well and what had not when supporting people.
- Many care plans had not been updated in some time which meant they did not reflect people's current health and wellbeing needs.
- When there are changes to people's support they must be informed to ensure they are aware.
- Staff support and sharing of information was not happening regularly which meant staff may not be up to date with people's support needs.
- The service had experienced challenges with recruitment which had impacted on how the service were meeting people's health and wellbeing needs.
- A high number of people's six monthly reviews were out of date and needed to be completed to ensure that people were happy with their package of care.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were mixed views on the care and support experienced by people which appeared to be based on where they lived. Some people's care experience was positive and they told us; "overall, I'm very happy", "they are lovely" and "nice girls". Whereas some people's care experience had been negative as they had not felt comfortable with changes to staff as they were being supported by staff they did not know.

Some people experienced care and support, that did not treat them as individuals entitled to personalised care. The quality of people's experience was negatively affected because staff assigned to support people did not know them. Unfamiliar staff had appeared in people's home with no introduction. People did not feel comfortable with unfamiliar staff supporting them with aspects of their personal care. People need to know and be kept informed of changes that may have an impact on their service.

A few people had raised issues about their care and support with the service which had not yet been resolved. It was concerning that some people had already voiced that they had not felt safe or comfortable with how the service delivered their care and support. People's wellbeing may be compromised because rigorous processes were not in place to support effective communication about changes to people's wellbeing. This was discussed with management team who assured us they will prioritise enhancing and improving communications with people about all aspects of their care plan (see requirement 1).

People's care plans were not up to date as they had not been reviewed in some time. This meant they were not reflective of people's current health and wellbeing needs. This included information about people's medication and health-related conditions. This put people at risk of not receiving the care and support they needed including medication which could have a detrimental impact on their health and wellbeing (links to requirement 1 KQ 5).

Requirements

1. By 30th April 2024, the provider must enhance and improve communications and support for people who use this service to maintain their health and wellbeing.

To do this, the provider must, at a minimum:

- a) implement and maintain core staff teams to provide continuity of care for each person who receives a service
- b) implement points of contact and establish a preferred communication channel with each person who receives a service
- c) establish and maintain good professional relationships with people using services
- e) implement, monitor and review an audit tool to measure customer satisfaction.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How good is our leadership?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We acknowledged there were challenges with recruitment and retention of health and social care staffing nationwide. The service had several staffing vacancies which they had been actively recruiting for particularly within leadership roles. This meant that at times, points of contact for teams had changed and some management tasks such as the facilitation of reviews, team meetings, supervisions and competency observations were not consistently taking place. Due to no quality and assurance or scrutiny taking place, the service had lost sight of where they should focus their efforts of making improvements. This meant that the service was not in a good position to ensure outcomes for people's health and wellbeing were still being met.

There was insufficient capacity and skill to support improvement activities across the service. Due to changes within the management team, all improvement activities had halted as newly recruited leaders were responding to day-to-day issues. As a result, there was limited information regarding recent quality assurance and scrutiny activities. The service did have an internal quality audit completed recently which identified several areas that required improvement. This audit had created their service improvement plan. However, the service had not yet completed their plan of action on how they were going to meet the areas across the service that required improvement (see requirement 1).

To ensure that people were kept safe from harm, the service had a digital system in place to record all accidents, incidents and complaints. This included adult support and protection concerns. The system had alerts which would flag up to management in different departments depending on the nature of the incident. For instance, the health and safety manager would be alerted if an incident of this nature was submitted. However, there were a few adult support and protection logs that required attention as they had not yet been closed off. This was discussed with management who have said they will prioritise the actioning of these.

Requirements

1. By 30th April 2024 , the provider must improve quality assurance and scrutiny of all aspects of the service.

To do this, the provider must, at a minimum, ensure:

- a) all audits have associated SMART action plans
- b) all audits are regularly reviewed and updated to show progress.

This is to comply with regulation 3 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff told us they enjoyed their jobs. There were mixed views about how supported they felt. Some staff worked closely together and their rota was consistent. They also knew the people they would be supporting well. However, there were staff who did not have a consistent rota or know the people they would be supporting. Some staff did not know other members of their team. This was concerning as staff should know their staff team and the people they will be supporting in advance of their shifts. There was also a risk that staff may not be working consistently if there were no opportunities to meet regularly and discuss and reflect on their practice. People's health and wellbeing needs will be impacted if staff teams are not working well together.

Most staff had not received a supervision, competency check or attended a team meeting in some time. Therefore, there was little opportunity for staff to reflect on their skills, knowledge and learning. Arrangements for assessing ongoing competence had been sporadic. This means that any learning needs staff may have, had not yet been identified. This could impact on people's health and wellbeing if staff have gaps in their skills and knowledge regarding their practice (see requirement 1).

Staff training had been completed either online or face to face. Training records showed that most staff were up to date with their training. Inductions had also taken place for new staff and their learning was documented. New staff had competency assessments completed during shadow shifts however, it was not clear from these documents if staff were now competent. Some staff had also not been signed off within required timescales which meant they had been supporting people without their competency assessment being signed off. People need to be confident that staff are well trained and competent. This was discussed with management who have assured us they will make improvements to ensure new staff have been signed off and are competent before supporting people on their own.

Staff had completed dementia awareness training. However, we expect staff who support people living with dementia daily, to be trained at dementia skilled level. This would give them the additional skills and knowledge to support people who live with dementia. This was discussed at feedback and the management team has assured us that they will action (see area for improvement 1).

Requirements

1. By 30th April 2024, the provider must ensure people and staff are kept safe. The provider must carry out regular supervisions, annual appraisals, competency observations and meet with staff teams regularly.

To do this, the provider must, at a minimum, ensure:

- a) all staff have a clear point of contact for support and receive regular supervision and annual appraisal
- b) all staff receive a thorough induction when they start at the service and are supervised until competency is achieved and outcomes recorded within orientation records
- c) ongoing training including refresher mandatory training is provided to all staff to maintain their competency in all aspects of their role which must include records of competency observations

- d) staff teams meet regularly and have records of discussion with all aspects of care delivery
- e) managers are involved in the monitoring and auditing of the above activities to ensure that all actions identified within records of discussions, have been followed up on and completed.

This is to comply with Regulation 15(b)(i) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes' (HSCS 3.14).

Areas for improvement

1. To provide staff with the necessary skills to supporting people who are living with dementia, the provider should ensure staff are trained to dementia skilled level.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Care plans were not up to date and there were some inaccuracies with people's information. For instance, a few care plans still had points of contact for people who had since deceased. Other care plans did not have the correct information about current medication. Some care plans needed more information about how to support people with personal care routines, such as dressing, especially for people who had limited mobility. Risk assessments also required attention as we found the measurement of risks after mitigation, still remained the same. This was concerning as this meant people may not be experiencing care and support that was right for them as a result of the information within their care plan not being accurate. Care plan audits had not been taking place for some time which meant that the service were not aware of what areas of the care plan needed to be improved upon (see requirement 1).

People's six monthly reviews were not being carried out in line with legislation. There was no recent review records within people's care plans. There was also no meeting records with associated action plans about people's care and support. It was unclear how the service were working towards improving outcomes for people. Audits of reviews had not taken place either and the management team had no trackers in place to evidence their oversight of reviews. This was very concerning as people's may not be receiving the care and support they wish. This was discussed with management who have assured us that they will prioritise the completion of six monthly reviews (see requirement 2).

Requirements

1. By 30th April 2024, the provider must ensure that people's care plans are reflective of care and support that is right for them.

To do this the provider must, at a minimum, ensure:

- a) people have access to current detailed information about their service which details their support needs including any highlighted risks and how the provider will meet these
- b) information within care plans is person-centred including how to promote people's independence where possible with personal care
- c) information about people's legal status is clear particularly where they are unable to make decisions themselves
- d) intensive support strategies to meet people's health and wellbeing needs is detailed and in line with person's preferences
- e) each care plan details the person's medication needs. This should include information about what the medication is, how it should be administered alongside any 'as required' protocols
- f) managers are involved in the monitoring and the audit of people's needs and records.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. By 30th April 2024 , the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.

To do this, the provider must, at a minimum, ensure:

- a) people are supported to understand and be included within their care review
- b) they collaborate with people and others involved with their care to gather their views on what is working well with their care and support. This includes but is not limited to reviewing health and safety risk assessments and health care assessments
- c) ensure that any agreed actions are recorded, completed and reviewed regularly to ensure they remain effective. Completed actions to be carried forward to the next agreed review date
- d) people and their representatives (where appropriate) have read over and are happy with the record of their review
- e) managers are involved in the monitoring and the audit of people's reviews.

This is to comply with Regulation 5(2) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the provider should ensure that each care plan details the person's medication needs. This should include information about what the medication is, how it should be administered alongside any 'as required' protocols.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 1 November 2022.

Action taken since then

People's care plans were not up to date as they had not been reviewed in some time. This meant they were not reflective of people's current health and wellbeing needs. This included information about people's medication and health-related conditions. This put people at risk of not receiving the care and support they needed including medication which could have a detrimental impact on their health and wellbeing.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5.

Previous area for improvement 2

To improve outcomes for people, the service should regularly review quality assurance audits and make sure they are followed up and updated within specific timescales to show progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practise' (HSCS 4.11).

This area for improvement was made on 1 November 2022.

Action taken since then

There was insufficient capacity and skill to support improvement activities across the service due to changes within the management team. The pace of change could not be implemented as newly recruited leaders were responding to day-to-day issues. As a result, there was limited information regarding recent quality assurance and scrutiny activities. The service had an internal quality audit completed last month which identified several areas that required improvement. This audit had created their service improvement plan. However, the service had not yet completed their plan of action on how they were going to meet the areas across the service that required improvement.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 5

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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