

## CERA - East Kilbride Housing Support Service

Units 5/6 Glenburn Court  
Glenburn Road  
East Kilbride  
Glasgow  
G74 5BA

Telephone: 01355 274071

**Type of inspection:**  
Unannounced

**Completed on:**  
26 March 2024

**Service provided by:**  
CERA Care Operations (Scotland)  
Limited

**Service provider number:**  
SP2009010680

**Service no:**  
CS2010250122

## About the service

CERA - East Kilbride is a care at home service registered to provide support to older people and adults with physical and learning disabilities in their own homes. Support ranges from a few hours per week to 24 hours per day. The provider is CERA Care Operations (Scotland) Limited.

At the time of the inspection, the service was supporting approximately 171 people living in their homes across South Lanarkshire and Glasgow.

The aim of the service is: "to empower people to live longer, better lives in their own homes. Our mission at CERA is to solve the care challenges and provide people with modern care they rightly deserve. By combining the power of technology with a uniquely collaborative approach, our carers have more time to spend on care and less admin."

## About the inspection

This was an unannounced inspection which took place on 18 March - 25 March 2024, between 10:00 and 18:30 hours. The inspection was carried out by four 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 17 people using the service and six of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were happy with their care and support.
- Quality assurance and improvement is led well.
- Staff receive the right training to be competent in their role.
- People being supported and their families are involved in developing their care plan.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

## How well do we support people's wellbeing?

4 - Good

We found important strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

### 1.1 People experience compassion, dignity and respect

### 1.2 People get the most out of life

### 1.3 People's health and wellbeing benefits from their care and support

Our observations between staff and people supported were positive. People we spoke with were happy with the care and support they received from their carers. We could see that staff had good relationships with people using the service, having a kind and compassionate approach.

People should experience consistency and continuity. Most people we spoke with told us that they saw the same carers on a regular basis. However, some people told us that it would be different staff at weekends. People were happy with the staff that supported them.

People should be aware of who will be providing their support. The majority of people consulted, stated they knew who would be coming due to the electronic app they had access to or by word of mouth from carer to carer. People also had the option to have a paper copy of a rota, to inform them who would be supporting them.

We were confident that the management had good oversight of any issues with visits, such as missed visits. All issues are investigated fully and lessons are learned. Some people told us that staff don't always stay their allocated time, as they need time to get to the next person. Management had identified this as an area to improve and we could see steady progress in this improvement.

The service asks people they support to provide feedback on the care they receive. They do this during six-month reviews of care plans and also through courtesy calls. This gives people confidence that the service is continually looking to improve and that people using the service can influence this improvement.

Everyone receiving care and support should have a care plan in place that directs staff on how the person needs and wishes to be supported. When visiting people in their homes we could see that they had a copy of their care plan. Staff were able to access care plans on their electronic devices and provide person centred care.

We were able to see that people's abilities were noted in care plans for staff information. Staff were encouraged to ensure people were as independent as possible with tasks that they were capable of doing. This encouraged rehabilitation where possible. Staff were respectful of people's wishes by taking direction from the person, e.g not wanting to have their dinner at that particular time.

We were confident that staff were able to identify what risk was for people and how to report this.

People receiving care and support should be confident that staff monitor their health and wellbeing. Staff knew what people's health needs were and could identify changes in their health and wellbeing, resulting in working in partnership with health professionals.

There was a comprehensive medication audit systems in place. Medication that was administered was logged on an electronic system which meant that management were able to pinpoint where any errors may have been made and by whom. This ensures that people are receiving the right medication at the right times.

We saw that people were supported with food and hydration; people had the choice of what they wished to eat and drink, and carers provided this for them appropriately.

Staff have electronic devices where they input all care provided at the time of their visit. This provides live information that can be accessed by families and management. Giving people confidence that the right care is being delivered at the right time.

We were able to see that end-of-life care plans were discussed with people and that their right to not engage with this was respected.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the service should be consulting with regarding the care of the person.

## How good is our leadership?

**4 - Good**

We found important strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

### 2.2 Quality assurance and improvement is led well

When consulting with staff, we were informed that most people felt supported by management and office staff. Some staff didn't feel supported.

People using the service should benefit from a culture of continuous improvement. We found good quality assurance systems in place which fed into the service improvement plan. The service improvement plan was updated weekly and you could see where progress was made. We were confident that management had good oversight of areas that required development and areas of responsibility were delegated between the team.

We suggested that the service look at self-assessment which would further develop their improvement plan.

We were able to see good systems in place for tracking accidents and incidents and lessons learned from these. There were comprehensive investigations into complaints that were raised, with appropriate responses to these.

The organisation has a compliancy department that has good oversight of staff recruitment, SSSC registration and training. This gives people confidence that the right people are employed to deliver care and support.

We could see that observations of staff practice were taking place and that staff were receiving support and supervision. Annual staff appraisals were overdue, a plan is in place for this. (See Area for Improvement 1).

Management keep staff informed of any changes to policies, procedures or care delivery through e-mails and the electronic app on their work telephone.

## Areas for improvement

1. The provider should improve upon approaches to staff appraisal, ensuring these take place in accordance with the organisational policy.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).

## How good is our staff team?

4 - Good

We evaluated this key question as good as we found important strengths in aspects of staff knowledge and competence.

### 3.2: Staff have the right knowledge, competence and development to care for and support people

We had confidence that the organisation had robust recruitment processes in place where the compliance and the training department work closely together to ensure new recruits go through their induction prior to commencing any shift.

The training department deliver training to new recruits and annual updates to all other staff. They deliver specialised training to staff if a person they support requires this. Staff compliance with training was high. Some staff are also going through their SVQ 2 in health and social care.

The management had an overview of staff training and practice, ensuring that staff had the relevant skills to support people who used the service. This meant that people's health and wellbeing was being maintained.

We observed staff practice, and they demonstrated a good level of knowledge and competency which enabled positive outcomes for people.

We found that staff were receiving support and supervision where there is a culture of reflective practice throughout. We found that focused supervisions were comprehensive in ensuring staff could demonstrate their knowledge.

Staff meetings appeared sparse, these should be utilised to share important information as well as reduce the isolation of lone working.

A newsletter is produced for staff which keeps them up-to-date with what is happening in the organisation. This is also used as an opportunity to refresh their knowledge on good practice with information on infection prevention and control, for example.

## How well is our care and support planned?

4 - Good

We found important strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

### 5.1 Assessment and personal planning reflects people's outcomes and wishes

Care plans that we sampled were person centred, outcomes focused and had good information which directed staff on how to provide support to someone in the way that they wished to be supported.

We could see that all relevant information on people's health needs was in place as well as good risk assessments in order to reduce risk for people.

We could clearly see when care plans were implemented and who had been involved in developing them, such as relatives. This ensured that care plans were as up-to-date as possible.

We found that care reviews were taking place and some relatives told us they were fully involved. Care reviews and evaluations captured the positive outcomes achieved which then informed the care plan. However, not all reviews were up-to-date although management had a robust plan in place to address this. (See Area for Improvement 1).

### Areas for improvement

1. The provider should ensure that people's care plans are regularly reviewed, ensuring these have the most up-to-date information available.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My support 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).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 1 March 2024, the provider must ensure people using the service are safeguarded, and their health, welfare and safety needs are effectively managed and met.

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

- a) within 28 days of a person receiving care a personal plan is in place, which has been agreed by the individual and/or their next of kin/carer
- b) all staff are familiar with the content of people's personal plans, and these are fully implemented
- c) there is a quality assurance process in place to ensure staff are compliant with implementing people's personal plans.

**This requirement was made on 20 December 2023.**

#### Action taken on previous requirement

We were able to see clearly when personal plans were implemented. Each plan had the date it was implemented under the date of when the service commenced.

We sampled a number of plans of people who had just started to receive support and they were comprehensive. Staff have full access to personal plans on their electronic devices and staff told us that they do read plans prior to providing care.

**Met - within timescales**

## 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

The manager must ensure communication systems with staff teams are reviewed, and improved upon. This is to ensure care and support is consistent with Health and Social Care Standard 3.19: 'My care and support is consistent and stable because people work together well.'

**This area for improvement was made on 20 December 2023.**

#### Action taken since then

Management communicate on a regular basis with staff through e-mails and an electronic application that is on their mobile telephones. All staff that we spoke with informed us that they receive regular communication in this way.

Area for improvement has been Met.

#### Previous area for improvement 2

To support people's health and wellbeing, the service should improve staff development. This should include, but is not limited to, more frequent training courses, supervisions and appraisals, direct observations, and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 16 September 2022.**

#### Action taken since then

The organisation has a good training department where all staff must complete their training, annual training and any specialised training that is identified. The compliance rate for this service was high. Staff were receiving supervision and direct observations were taking place. Team meetings could still be improved upon, however we did see that there had been four in 2023.

Area for improvement has been met with a further area for improvement made for staff appraisals as they have not taken place.



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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