

CERA - Central Scotland Housing Support Service

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Type of inspection:
Unannounced

Completed on:
13 May 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, South Lanarkshire and West Lothian.

The service provides flexible home care packages for people of all ages to meet their needs. The range of services includes: personal care and support, assistance with independent living tasks such as shopping and preparation of meals.

The head office is in Coatbridge and at the time of inspection, 244 people were using the service.

About the inspection

This was an unannounced inspection which took place on 7 - 9 May 2024 between 09:30 - 21:00. Five inspectors and an inspection volunteer carried out the inspection. 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:

- visited 24 people using the service and met with seven relatives
- spoke with 12 relatives over the telephone
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

Most people were happy with their care and support however, several people had raised issues about their care and support that had not been resolved.

Times of scheduled visits needed to improve for people to ensure that staff supported them at the correct time.

The service had made progress with their requirements however, there was still priority action required with the completion of outstanding reviews and supervisions.

The service had experienced challenges with recruitment and retention which had impacted on how the service were meeting people's health and wellbeing needs.

Audits were now in place however, some did not have associated SMART (specific, measurable, achievable, relevant and time-bound) action plans which meant that areas requiring attention had not been flagged up.

Further improvement to communication was needed when changes were happening with people's support to ensure they were prepared in advance if changes had to happen.

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 continued to be mixed views on the care and support experienced by people. Most people we visited told us that they were happy with their care and support and spoke positively about staff. We also observed that staff treated people with dignity and respect. However, there were a number of people who had raised issues about their service which remain unresolved. This meant that there were several people who felt unhappy with their care and that they were not being listened to.

We sent out a survey to find out what people thought about their care. Nine people responded to the Care Inspectorate's care survey; 'how good is your care'. This was a digital survey and was emailed out to the service who disseminated to people before our visit. The survey contained questions about all aspects of care and people could add additional comments if they wished. Responses were varied with both positive and negative answers. One person disagreed they were involved in their care planning. On the whole, people knew who would be coming to support them. People had said they sometimes know when staff were coming. Only one person said they were informed about changes however, other responses were sometimes, rarely, and never. Most people also felt that staff had enough time to support them, but we did identify some people who did not think this. The findings from the survey were similar to discussions with people. Some people were happy with their care, some were not.

Communication about changes was not something that people received consistently. People did not always know what time their visits would be happening. People's health and wellbeing maybe compromised if they are not sure when staff will be coming to support them particularly where they need assistance with their health and wellbeing needs such as support with medication. Therefore, people may not always receive the right medication or treatment at the right time. Poor communication and information sharing was having an impact on people's health and wellbeing.

There was an outstanding requirement from previous inspection which has not yet been met and has been extended with regards to this key question.

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 continued challenges with recruitment and retention of health and social care staffing nationwide. The service had experienced 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. The service had begun to make progress with quality assurance and scrutiny since their last inspection however, audits and action plans were not fully embedded yet. This meant that the service was still not in a good position to ensure outcomes for people's health and wellbeing were being met.

In efforts to ensure that people's health and wellbeing needs were being met, the service had implemented

several audits. These focused on different aspects of the care provided such as medication, care plans and records. Whilst some improvements were in progress, there was still a number of areas that the service needed to create action plans for. For instance, people's medications were not being tracked within the care plan audit and did not appear to be tracked within the medication audit either. This meant that the service had not picked up that they were not checking that people's medication was correct. We also found that there were no audits taking place around staff training including induction. This is vital to ensuring that people were being supported by a competent and well-trained workforce. The service still needed to make improvements with their quality assurance and scrutiny activity.

The service had a robust system in place to record and track all accidents, incidents and complaints. Their procedures had been followed with notifiable incidents of concern and there were associated action plans which was progress from the last inspection. However, we were unable to find logs of the concerns that people had raised despite there being clear procedures in place to manage people's complaints. We were unable to see evidence that people's concerns had been dealt with effectively which was concerning. We shared this with the manager who immediately responded to these concerns and had assured us that these would now be logged.

There was an outstanding requirement from previous inspection which has not yet been met and has been extended with regards to this key question.

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.

People received visits from the right number of staff however, there remained issues with scheduling and timing between visits. This was an area of improvement that the service had picked up on within their electronic call monitoring audit. This linked into their service improvement plan however, the action plan had not yet been completed as there was no noted timescale. As a result, some staff told us they worked under pressure. A few people also told us they felt staff were rushed and visit times were not as long as they should be. This meant that there was a high risk that some aspects of care and support may be skipped or missed, affecting outcomes for people.

To find out what it was like to work within the service, we sent out a digital survey prior to the inspection. We received 42 responses from staff who had differing lengths of service working for the provider. Some staff left positive comments about their work experience and had said that they felt supported. However, nearly a quarter of staff said they weren't supported and did not feel confident in carrying out their role. Over a quarter of staff said they had not received regular supervisions or appraisals and felt they did not have enough time to support people. Staff also made comment about other areas that could be improved upon such as training, more shadowing for new staff, changing rotas without consultation, no allowances for travel time and communication. People need to be supported by a well-trained workforce who work well together. This information was fed back to the management team who agreed they have still some work to do on improving the support staff (see extended requirement 3).

Although the service was making progress in meeting with staff, there were still a high number of supervisions that had not taken place. This meant that a group of staff had not yet had the opportunity to reflect on skills, knowledge and learning. Training statistics for some staff was also very low which meant they may not be up to date with best practice. The service had known there were low statistics and were in the process of creating an action plan in efforts to ensure that staff completed the necessary training.

To ensure that new staff were competent within their role, the service had gathered feedback from new staff through their induction and probationary review. The service had asked what new staff thought had worked well or not throughout their learning. New staff had responded however, there was no evidence that responses had been followed up on. This meant that there may be parts of the induction process that were not working as well as they should be and needed to be improved upon. This was feedback to the management team who agreed this needed to be actioned.

There was an outstanding requirement and area for improvement from previous inspection which has not yet been met and has been extended or repeated with regards to this key question.

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.

The service had been working on improvements to ensure that people had a care plan in alignment with their needs and these were being updated. Most people had care plans and they could access these if they wished via the provider's digital portal. However, there was still a number of people who had care plans that required to be updated. The service had introduced a new care plan template and they were in the process of disseminating. The new care plans contained basic information about how to support people with their health and wellbeing needs. It was difficult to pick out people's needs and preferences within their preferred routines as there was a lot of information about what the carers should do. An example would be, 'carers should follow infection prevention and control procedures'. We would expect this information to be noted within risk assessments on how to mitigate the spread of infection. The preferred routine section needed to detail activities that are important to people at certain times of the day. Important steps within people's routines could be missed if people's wishes and preferences are not recorded or followed as intended.

There were still a high number of six-monthly reviews out of date. The service had been working to improve completion of six-monthly reviews and had carried out 140 reviews since the last inspection. However, there was still a high number of reviews out of date. The service had an action plan in place and were hopeful they could catch up with their outstanding reviews. With this in mind, a few people raised that they had issues which had not yet been resolved. Whilst the service has carried out a high number of reviews, it is vitally important that people feel their views have been listened to and actioned. Therefore, we will extend the requirement about people's six-monthly reviews.

There were outstanding requirements from previous inspection which have not yet been met and have been extended with regards to this key question.

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

Requirements

Requirement 1

By 30 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
- d) 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).

This requirement was made on 15 January 2024.

Action taken on previous requirement

We acknowledged that there had been challenges with staffing and the numbers of people using the service had decreased. Some people told us they had an established core team, however other people said they did not. Consistent staff would promote a person-centred service that ensured people's dignity and choices were respected.

Points of contact had changed for some people but they were not aware of these changes. There was evidence that a letter had been sent out to people regarding the branch changes. However, it was not evident that this was the way people wanted to be notified about changes.

The new care plan templates contained information about people's preferred method of communication. Most care plans noted people preferred to be communicated with by their nominated person or verbally. Communication about changes to people's point of contact was still to take place.

The service had implemented a service user satisfaction audit however, there was no attached action plan which meant the service had not monitored or reviewed customer satisfaction.

Although the service had made progress in relation to this requirement, there was still improvement required. To allow further time for improvements to be made and evaluated a decision has been made to extend the requirement until 9 September 2024.

Not met

Requirement 2

By 30 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).

This requirement was made on 15 January 2024.

Action taken on previous requirement

The service had implemented 10 audits which had been reviewed in quarter one (January - April 24). Most audits were smart focused and had details about who was responsible and timescales. However, there were a few audits with no associated action plans, such as, service user feedback and training. For instance, within the service user feedback audit, three people had feedback about improvements being needed with communication and timings of their visits. There was no information about what the service were going to do about this.

Within the medication audit, an action had been identified for EMAR (electronic medication administration record) training to take place at team meetings. We were able to see that a video had been shown at last team meeting to four members of staff. However, there was no more information about how this will be cascaded to the remainder of team. The service had picked up that there had been 19 missed alerts for the month of March on the electronic care plan system. The reason noted for this was low battery power on mobile phone devices and the action identified was to provide staff with battery packs. This action plan had no-one responsible or a timescale for this action which meant this issue had not yet been resolved.

Although progress has been made, there is not enough evidence to meet this requirement. To allow further time for improvements to be made and evaluated a decision has been made to extend the requirement until 9 September 2024

Not met

Requirement 3

By 30 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)

This requirement was made on 15 January 2024.

Action taken on previous requirement

Supervisions had taken place however, there were still a number of staff who had not yet received supervision. Out of 42 staff who responded to the care inspectorate survey, a quarter of them had said they did not receive a supervision or feel supported.

We were not assured with the induction paperwork that all staff were being supported as they should be. There were gaps within their paperwork which meant it was difficult to see the evidence of where they were with their induction journey and if they were now competent.

Area staff team meetings had happened on a monthly basis and attendance had been noted. From this information, it had shown that not many staff had attended and we were unable to see if this was being tracked. The supervision tracker did not provide us with the evidence to show that staff supervision, appraisal, spot checks and attendance at team meetings was happening in alignment with the service policy.

Training had been mentioned within the service improvement plan, however audits had not yet been completed to identify areas of training that required improving. We did note that the service had a tracker in place and knew who required and didn't require training. The management team were aware that some training statistics were low and had begun to make improvements to their current training figures.

Although progress has been made, there is not enough evidence to meet this requirement. To allow further time for improvements to be made and evaluated, a decision has been made to extend the requirement until 9 September 2024

Not met

Requirement 4

By 30 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).

This requirement was made on 15 January 2024.

Action taken on previous requirement

Care plans were all in digital format and people could access them via the provider's digital portal. Some people still had paper care plans which they preferred. Staff had access to these on their work mobile devices. There were a number of people who still required to have care plans updated and reviewed across the service.

Care plans contained details of the support people needed. There was a mixture of the older and newer care plan templates. Within the new care plans, information about people's preferred routines was very lengthy. Each sentence started with 'the carers' and it took time to find the detail about each step of people's preferred routine. There was a lot of best practice guidance within this part of the care plan which we would not expect to read in people's preferred routines unless stipulated by the person that they would like this information included. For example, 'the carers are required to practice good hand hygiene at all times in line with the IPC (infection prevention and control) control risk assessment section of my care plan.' There was a lot of repeated information. Older care plans consisted of language that may not be viewed as respectful to the person. There were phrases such as, 'suffers from' and 'with no hope of getting better or improve.'

The new care plans contained information about who could make decisions on the person's behalf which was good to see. However, there was a high number of people's care plans that still needed to be reviewed and updated. With this in mind, there were still several people who did not have their intensive support strategies outlined within their care plan. For instance, how to effectively support someone who is experiencing a seizure.

Care plans made reference to people's medication within their Emars (electronic medication administration records). Some people's information about their medication was noted within their care plan whereas it was not always detailed within other care plans. There was also no evidence that the information about people's medication within their care plan was being monitored and reviewed. Within the service user file audit, medication was marked as not applicable and there was nothing noted about care plans containing the correct medication information within the medication audit.

Although progress has been made, there is not enough evidence to meet this requirement. To allow further time for improvements to be made and evaluated, a decision has been made to extend the requirement until 9 September 2024

Not met

Requirement 5

By 30 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).

This requirement was made on 15 January 2024.

Action taken on previous requirement

The service had completed 140 reviews since the last inspection and had made progress within this area. There were still a high number of people who had not yet had a review. A few people also told us they could not remember if they had a review.

There were review documents within some care plans sampled and it was good to see that some family members had been involved in these. The review template consisted of questions to find out how people had found their service over the last six months. The service also asked people what areas they felt could be improved upon.

There was a mixture of positive and negative feedback however, there was no attached action plan which meant that no steps have been taken by the service to make improvements where people have said they are not experiencing a good care service.

Although progress has been made, there is not enough evidence to meet this requirement. To allow further time for improvements to be made and evaluated, a decision has been made to extend the requirement until 9 September 2024.

Not met

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 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)

This area for improvement was made on 15 January 2024.

Action taken since then

The service had a training tracker in place. There was no evidence that staff had received dementia skilled training.

This area for improvement has not been met.

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
1.3 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
3.3 Staffing arrangements are right and staff work well together	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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