

CERA - Complex Care Support Service

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Type of inspection:
Announced (short notice)

Completed on:
3 September 2024

Service provided by:
CERA Care Operations (Scotland)
Limited

Service provider number:
SP2009010680

Service no:
CS2014334276

About the service

CERA - Complex Care is a care at home service registered to provide services to a maximum of 20 adults and children with learning disabilities, physical disabilities and long term degenerative conditions, living within their own homes throughout Scotland.

The provider is CERA Care Operations (Scotland) Limited. The head office is based in Alloa, with additional offices located in Scotland.

At the time of the inspection there were six service users being supported by CERA - Complex Care provided by five staff teams covering the following areas; Aberdeenshire, Highland, Perthshire, Forth Valley and Glasgow.

About the inspection

This was a short notice announced inspection which took place on 2 and 3 September 2024. The inspection was carried out by one inspector 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 people using the service and two of their family/friends/representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- reviewed questionnaires completed by people using the service, their relatives, and staff.

Key messages

- Professional and skilled staff were supplied to deliver care.
- Detailed recruitment checks were undertaken to ensure staff were recruited safely and continued to remain suitable for working with people.
- Staff felt well supported, confident and competent in their roles.
- The detailed quality assurance system prompted a culture of continuous improvement.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We evaluated the service as performing at a very good level in supporting people's wellbeing. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people and few areas for improvement.

People told us they were happy with the support they received. One person being supported told us: "the carers are great; they make my house my home, the home cooking is lovely and really good for my health." Relatives spoken with were very happy with the care and support to their loved one. Comments included; "they do things really well; they get on with whatever my relative needs." The support people received enabled them to continue living in their own homes and supported their family members.

Care plans were comprehensive and contained details about how people's needs should be met in accordance with their wishes. Care plans were reviewed and adapted regularly.

People should expect that their health and wellbeing benefits from their care and support. People were fully involved in making decisions about their physical and emotional wellbeing through their personal plans. Plans clearly identified the support that people needed to maintain their health and wellbeing, for example, people were supported to attend appointments or go to social events. The service was flexible and adaptable to meet people's needs. This promoted independence and helped people to maintain their skills and abilities.

People were supported by a consistent team of staff who knew them very well. People described how care staff supported them in ways that were meaningful to them. This familiarity enabled staff to quickly identify changes in people's health or presentation which ensured that people got the right care and support at the right time.

The service supported people to take their medication safely and effectively through prompting by staff. People were supported to take their medication independently and this enabled them to have as much control as possible over their own medications.

There were good records maintained within people's files of the daily care provided. This included information such as support offered, nutritional intake and how they generally presented. This enabled staff to build a picture over time of what was typical for the person and to adjust support if required. People found communication with the service to be very good. One person said, "if we have any issues, we just phone and it's sorted but we see the manager regularly and she always asks how things are going which we appreciate." This meant that people's care and support was consistent and stable because staff worked together well.

People told us that they had recently had a formal review of their care and support. At these meetings with the manager, they had felt able to talk about their experiences. We saw records which demonstrated reviews were happening regularly and there were feedback sections completed about people's experiences.

How good is our staff team?**5 - Very Good**

At this inspection we examined staff recruitment as part of our core assurances and focused on assessing staffing arrangements.

We evaluated this key question as very good. We found people were supported by the right number of staff who had the right level of skill to meet people's assessed needs and in a way that meant they could remain at home.

Staff were being recruited safely. The provider followed national Safer Recruitment guidance. The process of recruitment was well organised and documented so that all the elements of the procedure were followed consistently and audited on an ongoing basis. Detailed policies and processes were in place to ensure that they fully monitor and comply with any restrictions placed on staff as part of their right to work in the UK. This meant people using the service could be confident that staff had been recruited safely and were working within their requirements, whilst keeping them safe from harm and risks.

The staff team were highly valued by people experiencing care. This was reflected in the feedback from people receiving care and their relatives. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "the staff are lovely, they are very obliging, we work together", "I have complete confidence in the staff" and "the continuity of staff makes such a difference". This assured us that the staff team were caring and compassionate in their daily practice.

The management team regularly monitored the staffing arrangements required to safely meet people's needs. These were regularly reviewed and updated to ensure that there were sufficient staff working within the service. We found no evidence of any missed visits and people had confidence in their care team. People told us that staff always turned up when expected. This ensured people were supported by staff they knew well and provided continuity of care.

Morale across the service was high, all the staff we spoke to said they were very happy at their work. They told us that they felt well supported in their role and had good access to training opportunities. This supported people to have a positive experience of their care as the staff team were enthusiastic and satisfied at work.

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 be confident that people, families and staff are being provided the right support, the provider should ensure, as a minimum;

- a) there are appropriate management and leadership arrangements in place across the north geographical area of the service
- b) this should include more regular contact with service users and their families by the registered manager, to ensure that people and staff receive the right support.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 25 January 2023.

Action taken since then

The service now has a manager located in the north area. People told us they had regular contact with her both by phone and in person.

This area for improvement has been met.

Previous area for improvement 2

To ensure people can be confident that all staff have access to the right information about their current care and support needs, the provider should ensure, but not limited to;

- a) that all risk assessments relating to health and wellbeing are appropriate, relevant and evidence based, to include but not limited to, infection prevention and control
- b) people's electronic and paper based clinical care, support plans and risk assessments are always kept up to date
- c) the quality of people's care and support is frequently evaluated and recorded and updated accordingly
- d) people's plan of care is person-centred and outcome focussed and
- e) care plans include people's wishes for the future and at end of life, where appropriate.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.16); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 25 January 2023.

Action taken since then

Information held on people was seen to be detailed, person centred and subject to regular reviews. Risk assessments were seen to be updated three monthly or sooner if there were any changes identified. Where needed, end of life care plans were introduced, detailing people's wishes for the future. Six monthly reviews were held with families/representatives and a minute of these was taken and shared with all relevant parties.

This area for improvement has 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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