

CERA - Forth Valley Housing Support Service

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Type of inspection:
Unannounced

Completed on:
12 September 2024

Service provided by:
CERA Care Operations (Scotland)
Limited

Service provider number:
SP2009010680

Service no:
CS2019374567

About the service

Cera Forth Valley is a combined Housing Support and Care at Home service that is based in Alloa. It provides a service to adults with support needs living in their own homes across Stirling, Clackmannanshire, and Falkirk.

At the time of our inspection the service supported around 260 people. People received support ranging from a few hours a week to several visits each day.

The service registered with the Care Inspectorate in September 2019. The provider of the service is Cera Care Operations (Scotland) Ltd.

About the inspection

This was an unannounced inspection which took place on 10, 11 and 12 September 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information and information submitted to us by the service.

In making our evaluations of the service we:

- Shadowed care staff visiting people in their homes.
- Met with the manager and coordinators in the Alloa and Falkirk offices.
- Met with care staff in both offices.
- Received questionnaire feedback from people, their relatives, staff, and external professionals.
- Sampled support plans, health recordings and a variety of other documents.
- Looked at quality assurance systems.
- Looked at staff scheduling and visit planning.

Key messages

- Care staff we spoke with had very good values.
- People had good health outcomes in several important areas.
- Observation of staff practice in key areas needed to improve.
- The frequency of reviews and care plan updates needed to improve.
- The scheduling of staff to meet people's needs and wishes needed to improve.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	3 - Adequate
How good is our staff team?	3 - Adequate

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

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

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

Feedback we received from people and their family members was mixed. Some people were happy with the support they received, while others identified concerns. These generally related to communication, consistency of staffing and times of visits.

People's health generally benefitted because of the support they received from the service. Staff had received training in key areas. Staff we spoke with demonstrated a good awareness of people's health needs and the necessary steps to follow in the event they noticed a change in someone's presentation. Staff practice we observed was good. Staff knew people well, and interactions were warm and respectful. Staff displayed a good awareness of their role in reducing social isolation. This contributed to good health and wellbeing outcomes for people.

People benefited from having access to multi-disciplinary health support. The service had well established relationships with a variety of health professionals. Staff supported people who had a number of different support needs. Staff were flexible in their support, recognising that different people needed a different style of support depending on their needs and wishes.

Medication systems were generally good. The electronic medication management system provided several safeguards. For example, office staff were alerted if staff had not signed that they had administered medication. This gave them the opportunity to resolve any discrepancies quickly. Instructions around correct doses and times of medication were clear for staff to follow. This helped to ensure good health outcomes for people.

People's health outcomes were compromised because key areas of practice needed to improve. Staff had received training in medication administration. This should have been followed by an observation of their practice by a senior member of staff. This would ensure that training had been effective, and staff were administering medication in line with legislation and best practice guidance. Quality assurance systems identified new staff who were administering medication but had not yet had their competency checked. Also, a significant number of existing staff were overdue a refresher observation of their practice. This placed people at risk of harm so we made a requirement that leaders must check these key areas of staff competence. **(See Requirement 1)**

Reviews of people's care must take place at least every six months. The review should then be used to inform people's care plans, to ensure they are up-to-date and capture people's current health needs. A significant number of reviews were overdue and many care plans had not been updated recently. Several plans we sampled did not have enough detail on people's individual health needs. Taken together, these issues placed people at risk of harm. We therefore made a requirement about reviews and care plan updates. **(See Requirement 2)**

Requirements

1. By 9 December 2024 the provider must ensure that people are supported to take their medication safely, with procedures in place that ensure the competency of staff has been evaluated.

In order to achieve this, the provider must, as a minimum:

- a) Ensure new staff receive a medication competency check after completing their medication training. The competency check must be carried out before the worker is signed off to administer medication.
- b) Ensure a medication competency refresher is carried out for all existing staff who are overdue and put processes in place to ensure that moving forward, staff receive their refresher check within the providers own agreed timescales.
- c) Ensure appropriate remedial action is taken in the event of any concerns with staff competency.

This is in order to comply with section 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

And

'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)

2. By 9 December 2024 the provider must ensure that people have a review of their care at least every six months. The review must be used to ensure people experiencing care have an accurate and up-to-date care plan that reflects their current needs and wishes.

In order to achieve this, the provider must, as a minimum:

- a) Put systems in place to ensure that people receive a review of their care every six months, or earlier if required.
- b) Ensure reviews are used to discuss people's current health and general support needs, along with any anticipated support needs.
- c) Ensure that people's care plans are updated following reviews.
- d) Ensure care plans contain sufficient detail to guide staff on people's individual health and general support needs.

This is in order to comply with regulation 4 (1) (a) (welfare of users) and 5 (2) (b) (personal plans) 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, 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.' (HSCS1.15)

And

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

How good is our staff team?

3 - Adequate

3.3 Staffing arrangements are right and staff work well together.

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

We acknowledge the challenges in social care recruitment nationally. We were confident leaders were doing everything they could to successfully recruit staff into the service. However, service delivery, and in turn, people's experiences, had been impacted due to recruitment issues.

The scheduling of visits needed to improve. In some geographical areas we were satisfied that staff scheduling was well planned and offered people consistency in the staff who visited them and times of visits. However, in some areas of the service, there was a lack of attention to detail in schedule planning. Several schedules we looked at demonstrated there was a lack of consistency in the times staff visited people. Some people reported this was an on-going issue and did not feel their needs or preferences were considered. Some comments from people included:

- "The inconsistency of visit times can be frustrating."
- "There is a lack of communication with the office and myself."
- "Times when the carer is coming change all the time."
- "I would greatly appreciate it if we could work towards more consistency in the timing."

Care staff we spoke with demonstrated a flexible approach to meet peoples' needs and wishes. However, this was often not well managed or communicated. Some staff changed their visit times as they felt it would better meet people's needs. Although this was well meaning, it added to a lack of consistency. We were not confident that everyone using the service received the right support at the right time. We therefore made a requirement about the scheduling of staff. **(See Requirement 1)**

Requirements

1. By 9 December 2024 the provider must ensure that a well-coordinated approach is taken to the scheduling of staff, where the needs and preferences of people are prioritised.

In order to achieve this, the provider must, as minimum:

- a) Carry out a full audit of staff scheduling across the service.
- b) Develop an action plan to address areas of concern.
- c) Ensure staff work to agreed schedules, with any changes being agreed in advance by senior staff.

This is in order to comply with regulation 4 (1) (a) (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, which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

And

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

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 ensure people experience care and support in a safe and well-planned manner, leaders should ensure that quality assurance systems are effective and used to address any areas of concern. This includes, but is not limited to, ensuring support times are of agreed durations and staff scheduling is accurate. A protocol should also be implemented for staff to follow in the event of any issues with their daily schedule.

This is in order to comply with the Health and Social Care Standards, which state:

'I use a service and organisation that are well led and managed' (HSCS 4.23), and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 11 September 2023.

Action taken since then

This area for improvement has not been met.

This area for improvement is now superseded by the requirement made in this report regarding staff schedules. Please see the section titled 'How good is our staff team' for more details.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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