

CERA – Central Scotland Housing Support Service

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Telephone: 01236 368 009

Type of inspection:
Unannounced

Completed on:
1 October 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, 195 people were using the service.

About the inspection

This was an unannounced follow up inspection which took place on 30 September and 1 October 2024 between 09:30 - 16:00. The inspection was carried out by two 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 management
- reviewed documents.

Key messages

The service had worked hard to made improvements in relation to five requirments, this included; communication with people using the service, quality assurance, how the service supported staff, care planning and reviews.

How the service handled complaints was also an area that had improved.

Although six-month reviews had improved, the service should consider ways to improve future planning of reviews.

As the service had made significant improvements they have been re-evaluated to adequate to reflect this.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

A requirement was made at a previous inspection about enhancing and improving communications and support for people who used this service to maintain their health and wellbeing. This requirement was met. Further information is detailed within the section 'What the service has done to meet any requirements made at or since the last inspection'.

In view of the level of improvement made, we have re-evaluated this key question from weak to adequate.

How good is our leadership?

3 - Adequate

A requirement was made at a previous inspection to make improvements to quality assurance across the service to ensure that people's care and support was right for them. This requirement was met. Further information is detailed within the section 'What the service has done to meet any requirements made at or since the last inspection'.

In view of the level of improvement made, we have re-evaluated this key question from weak to adequate.

How good is our staff team?

3 - Adequate

A requirement was made at a previous inspection to make improvements to the support for staff which included; regular supervision, annual appraisals, competency observations and meeting with staff teams. This requirement was met. Further information is detailed within the section 'What the service has done to meet any requirements made at or since the last inspection'.

There was also an area for improvement to provide staff with the necessary skill to support people living with dementia. This area for improvement was not assessed and remains in place. Further information is detailed in the section 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

In view of the level of improvement made, we have re-evaluated this key question from weak to adequate.

How well is our care and support planned?

3 - Adequate

Two requirements were made at a previous inspection to make improvements to care plans and six-monthly reviews to ensure that people's care plans were reflective of their care and support and that they continued to be happy with their care experience. These requirements were met. Further information is detailed within the section 'What the service has done to meet any requirements made at or since the last inspection'.

In view of the level of improvement made, we have re-evaluated this key question from weak to adequate.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that they forward plan for six-monthly reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 April 2024 (extended to 9 September 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 had extended the timescale for this requirement as the service needed to make further progress.

The service had made vast improvements to engage with people to ensure that they were happy with their care experience. This was evident through their own quality assurance analysis of people engagement, diary

logs and meeting minutes. People's views and preferences were now being actively sought when planning and delivering care and support to ensure it was right for them.

The service were still experiencing challenges with recruitment and retention. However, they were doing their best to ensure that each person had a core team of staff they knew to support them. The service were actively recruiting and continually monitoring and reviewing this situation to ensure that this was not impacting on care experiences for people.

Met - outwith timescales

Requirement 2

By 30 April 2024 (extended to 9 September 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

We had extended the timescale for this requirement as the service needed to make further progress.

The service had made improvements to their quality assurance activities and were now in a better position to demonstrate what they assessed as working well and what improvements were still needed. They ensured that the outcomes and wishes of people who were using the service were the primary drivers for change. There had been changes to the leadership teams however, there was a plan in place to ensure that leaders at all levels had a clear understanding of their role in directing and supporting improvement activities across the service. The pace of change was now reflective of the priority of the improvements needed.

The service had made the necessary improvements to meet this requirement.

Met - outwith timescales

Requirement 3

By 30 April 2024 (extended to 9 September 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 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

We had extended the timescale for this requirement as the service needed to make further progress.

Regular supervision and appraisal were now happening across the service. Training statistics across the service had also improved. Learning pathways for new staff were also well documented showing that they received appropriate support to reach the desired competency levels. Staff competence was also being regularly assessed to ensure that learning and development supported better outcomes for people. This meant that people were being supported by staff who understood and were sensitive to their needs and wishes because a range of learning and support measures were in place.

The service had made the necessary improvements to meet this requirement.

Met - outwith timescales

Requirement 4

By 30 April 2024 (extended to 9 September 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

We had extended the timescale for this requirement as the service needed to make further progress.

People now benefitted from care plans that were regularly reviewed, evaluated and updated involving input from relevant professionals where appropriate. Care plans contained individual preferences and wishes. There was a lot of detail within care plans particularly around people's preferred routines which was good to see however important information could be missed if not presented in a way that is easy to read and follow. The manager acknowledged this and agreed this could be further improved upon which they will action.

The service had made the necessary improvements to meet this requirement.

Met - outwith timescales

Requirement 5

By 30 April 2024 (extended to 9 September 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

We had extended the timescale for this requirement as the service needed to make further progress.

The service had worked hard to ensure that people were receiving six-monthly reviews as intended. People were involved in their planned reviews of their support to determine whether the care and support met their wishes and outcomes. Where there were identified changes to their support needs, appropriate measures were now in place to address these.

Front line leaders needed to improve their forward planning with six monthly reviews. This would ensure that they had time to collaborate with people about the preparation for the review and have the capacity to make adjustments to agreed arrangements in alignment with people's preferences and wishes (see area for improvement within 'How well is our care and support planned?').

The service had made the necessary improvements to meet this requirement.

Met - outwith 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

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

Dementia training had happened across the service however, we will look at this area for improvement in more depth at the next inspection.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support a culture of continuous improvement, the provider should ensure they have oversight of all concerns and complaints raised, and that these are fully investigated and responded to, in accordance with their complaints policy and procedure.

This area for improvement was made as the result of an upheld complaint.

This area for improvement was made on 9 April 2024.

Action taken since then

The service had a robust complaints system in place and had investigated all concerns and complaints raised since the last inspection. Complaints that had been raised recently, were at different stages of investigation and were being monitored and reviewed regularly. This meant that people could be confident that they were being listened to and taken seriously when raising any concerns or complaints about their care.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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