

## CERA - East Kilbride Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 November 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 165 people living in their homes across South Lanarkshire and Glasgow.

## About the inspection

This was an unannounced inspection which took place on 29, 30, 31 October and 1 and 4 November 2024. The inspection was carried out by three 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 28 people using the service and 13 of their relatives
- spoke with 15 staff, three office staff, the deputy manager and registered manager
- observed practice whilst shadowing staff
- reviewed documents.

**Key messages**

- People benefit from having a consistent staff team.
- Staff presented as kind and caring and engaged naturally with the people they support.
- Systems were in place to drive forward improvements that result in positive outcomes for people supported by the service.
- Communication between care staff and office staff had improved.
- Personal plans were person centred and sufficiently detailed to ensure that people were supported in accordance with their wishes and preferences.
- Further improvements could be made to enhance quality assurance systems.

**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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a consistent staff team. This meant that staff supporting them were familiar with their routines, needs and wishes. Staff were also aware of what people could do and by helping people retain these skills and abilities they could support them to maintain their independence as long as possible.

Having a regular team meant that staff could be responsive to any changes in people's presentation and take action such as informing relatives or contacting health professionals where required.

We were able to spend time with staff during their shift. This provided an opportunity to observe practice and meet people receiving the service. Staff presented as caring, and we observed them engage naturally and respectfully with the people they were supporting. Staff we spoke with understood the impact of social isolation on people being supported and the importance of social contact in promoting their wellbeing.

People being supported and their relatives commented that staff were good at communicating, asking people how they wanted to be supported and explaining what they were doing. This helped people to feel in control, promoting choice and contributing to fostering the positive relationships with staff that helping people have confidence in the staff supporting them.

People receiving support and their relatives were generally positive in their feedback about staff. Comments included 'she is like a friend and more than a carer' and 'they are great, we have a great laugh'.

Where people had been less satisfied with staff supporting them, they had been able to raise this with office staff who they said were responsive. This included removing those individuals from their support package where this was considered the most appropriate action to take.

People told us that staff were generally punctual and that there were no missed visits. We did hear about visits being cancelled and the manager advised that this happened infrequently and there was a system in place to assess the impact of this on the individual before such a decision was made.

People we visited had an up-to-date personal. The person-centred detail continued within personal plans helped ensure that staff were able to support people according to their preferences. This information was accessible electronically and regularly reviewed, some people had paper copies of their personal plan. Staff were able to update people's electronic notes in real time using handheld devices. This meant that there was transparency, with office staff able to access people's daily notes and check that people's assessed support needs were being met.

We sought clarity from the management team about travel time between visits to people. This was because staff said that they didn't have travel time, and we were concerned that this could be having an impact on people being supported and the wellbeing of staff. It is important that staff do not feel that they need to rush care to be able to get to the next person on time. The manager advised that travel time is included and we were reassured that work was underway to ensure that this was reflected on staff visit plans.

**How good is our leadership?****4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We looked at the systems the service had in place to monitor quality and drive improvement. This included the system to monitor the time and duration of people's visits. This helped ensure that people received the assessed support they needed and to identify if this required to be reviewed and adjusted accordingly where it was evident that people needed additional support time. A system in place also ensured that people's visits were not missed.

We could see from the improvement plan that the service had been on an improvement journey. Progress made included that the duration of visits had vastly improved, and work was underway with staff to reinforce the importance of this.

Self-evaluation is a core part of assuring quality and supporting improvement and we were encouraged to see that the provider had carried out a self-evaluation of key areas important to people's safety and wellbeing. By doing this they were able to identify what they were doing well and where improvements could be made.

Audits were carried out as part of quality assurance processes and the findings of these informed the service improvement plan.

We saw that there were lessons learned from complaints that had been raised with the service. These had been investigated and resolved and new processes put in place to mitigate the risk of recurrence of the same issues.

We saw that there was management oversight of staff supervision and appraisal and observations of staff practice. This meant that the manager could ensure that there were opportunity for staff to reflect on their practice and receive guidance from their line managers.

We noted from a care review tracker that reviews were mostly up to date. These provided an opportunity for people to comment on the service they received and ensure that this continued to meet their needs. Feedback was also sought through 'the voice of the customer' telephone questionnaire. We suggested rewording some of the questions to better elicit responses. We also thought that it would be useful to send paper copies or electronic questionnaires to people to give them time to respond, and consideration should also be given to canvassing people views anonymously.

We saw that compliance rates for staff training was good and staff we spoke with said that training was sufficient to meet their needs. This meant that people benefited from staff who had been training in areas to support people well and keep them safe.

We thought that to safeguard peoples rights it would be beneficial to have a register of people who lack capacity. This should include information about who has the authority to make decisions on people's behalf and what those decisions are. This should also include people who lack the capacity to consent to medical treatment to ensure that a section 47 of the Adults with Incapacity Act certificate is obtained. See area for improvement 1.

We acknowledged that the service had experienced significant changes in office personnel since the last inspection. Feedback from care staff about colleagues in the office was positive, with comments about improved communication and staff feeling more valued. Whilst we would encourage the ongoing development of office staff, the provider should be mindful of the challenges the service has faced and key to restoring confidence in the provider is that duties and responsibilities are delegated appropriately to staff with the appropriate authority, skill and experience. See area for improvement 2.

## Areas for improvement

1. To promote people's rights, the provider should retain a list of adults with incapacity. This should include, but not limited to, details of proxy decision makers, the decisions they can make on behalf of people and people who require legal documentation to allow for medication to be administered to them by the provider.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5) and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

2. To continue to promote confidence in the provider, the registered manager should ensure that management tasks including dealing with queries from people receiving care or their relatives and concerns raised about staff are delegated to staff with the appropriate authority, skills and experience to follow this up.

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

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

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider uses a 'care planner' system for scheduling visits and was able to evidence that staff know in advance what their rota is, some with a continuing running rota. People being supported also have access to this information and therefore know who will be supporting them in advance.

We are aware that work is being done in the background on this system to add travel time where required to staff rotas. However, many of the staff we spoke with shared that they are often either starting their shifts earlier or leaving visits earlier to make up time as this isn't built into rotas. We also discussed this under key question 1 'How well do we support people's wellbeing'. As this could impact on staff wellbeing and outcomes for people being supported, we suggested that the management team as a priority look at how best to communicate this to staff or revisit previous communications to ensure that staff are aware that travel time exists, whilst adjustments are being made to rotas. For example, this could be discussed with staff during supervision or communicated through the staff newsletter.

It is important that people have confidence in staff supporting them and we saw a positive example where the skills and experience of staff were matched to the needs of a person who had started to receive the service. The coordinator had identified that to support positive outcomes, more experienced staff were required for this individual's care team. We suggested that going forward the provider look at ways to promote staff compatibility with the people they are supporting. This is important for instance where the individual has specific needs arising from Dementia, mental health problems, sensory impairment, physical disabilities and learning disabilities.

We recognise that the service is continuing on an improvement journey. When asked about support from office staff and care staff we spoke with they indicated that communication from the office was better and they would be more inclined to go into the office as the atmosphere had improved. Staff commented that they had access to senior staff 'out of hours' and that this was appropriate for their needs.

On the occasions where staff hadn't worked well together, this needed to be dealt with more robustly to identify where there could be bullying behaviour and manage staff performance appropriately.

We saw that there were opportunities for staff to receive feedback on their performance through supervision and observation of practice. We suggested more detailed recording in supervision records to help follow up on issues identified by staff and indicate the advice offered. We also suggested that records could better record that both parties were involved in the discussion at supervision meetings.

It was encouraging to see that staff appraisals had taken place as this had been an area for improvement identified at the last inspection. As with supervision records improvements could be made to the record of appraisal conversations, for example, encouraging staff to reflect on their practice and making a record of this to help celebrate successes.

We liked that the team meeting minutes adopted a 'We asked, you said' approach. This could be improved further by having a corresponding action plan where staff raise things that are important to them and where issues are being investigated or followed up, it would be helpful to set timescales to respond to staff to manage expectations.

It was evident from speaking with staff and observing practice that they work well together, and some had their own local arrangements for keeping in touch with their peers. Staff had easy access to the organisation's policies and procedures, and it was evident that staff were participating in this.

Staff shared that they feel supported by their coordinators and if there was an issue they knew they could approach them. Staff also shared examples where they were supported with personal issues.

There were initiatives in place to support staff wellbeing including an employee assistance programme, however not all staff we spoke with were aware of this. The provider should continue to focus on staff wellbeing, recognise the challenges they have faced in the recent past and support them through the ongoing improvements. This will contribute to promoting staff wellbeing and could impact positively on staff retention.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans sampled were up to date. They were person-centred and contained detailed information about how best to support people and it was evident that people or their relatives had been involved in developing these. From feedback we noted that not everyone is involved in their personal plan as they would like to be and the provider should explore this further.

Risks were assessed for each element of people's care and mitigations put in place. These provided staff with the information they needed to ensure that care was delivered in a safe way that benefitted people and met their needs.

We liked that there were aspects of people's life history recorded. This can aid conversations and bring comfort to people with cognitive impairment by reminding them of special memories and other things and people that are important to them.

Some people had one-page profiles which gave a sense of the person and the things that are important to them. These added a nice touch of person-centred information and were a positive addition.

It was good that there had been a focus within personal plans on people's assets. This meant that staff were aware of the things that people can do as well as the things they need support with, helping staff to support people to maintain their independence.

We noted that care reviews were taking place regularly. This was an opportunity to discuss the support provided and ensure that it continued to meet people's needs. We thought there was scope to change the wording of some of the questions to prompt more of a discussion in relation to aspects of the service provided and made some suggestions to the manager.

Another way to improve the quality of reviews is to expand on information in relation to comments made by people or their relatives where further action is required. This could include any responses at the time, any action planned and how and when this will be followed up.

A more robust record of conversations that evidence the person is at the centre of these meetings and leading their own review would also improve the quality of review minutes.

Telephone surveys provided additional opportunities for people to comment on their support in addition to the opportunities they have during their reviews. This meant that people could have their personal plans updated in a timely manner.

We thought that where people receive social support there could be a greater focus on the outcomes of this and what this helps people to achieve.



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

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

'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).

**This area for improvement was made on 25 March 2024.**

#### Action taken since then

We saw evidence that care reviews were taking place regularly and information in personal plans sampled was up to date reflecting people's current needs and wishes.

This area for improvement has been met.

#### Previous area for improvement 2

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).

**This area for improvement was made on 25 March 2024.**

#### Action taken since then

Since the last inspection there had been a significant focus on ensuring that staff appraisals were being completed. We looked at the managers appraisal spreadsheet and sampled completed staff appraisals and whilst some appraisals were still outstanding there were plans in place to ensure that all staff have the opportunity to have an annual appraisal.

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](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	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
3.3 Staffing arrangements are right and staff work well together	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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