

CERA - Argyll & Bute Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
CERA Care Operations (Scotland)
Limited

Service provider number:
SP2009010680

Service no:
CS2009234912

About the service

Cera - Argyll & Bute care service is registered to provide a combined housing support and support service - care at home. It is part of the organisation known as CERA Care Operations (Scotland) Limited. The service provides a range of support to people in their own homes in the Helensburgh, Garelochhead and Cardross areas. The offices for this service are in Sandbank, Dunoon.

Support teams provide a range of care and support, including personal care, domestic tasks and practical assistance as well as complex and specialised services. At the time of inspection there were 70 people using the service.

About the inspection

This was an unannounced inspection which took place on 14, 15 and 18 November between 10:00 and 16:30. 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 12 people using the service and nine of their family. We also received 33 responses from questionnaires given to people being supported and their families
- spoke with nine staff and management. We also received 14 responses from questionnaires given to staff
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals. We also received one response from questionnaires given to professionals.

Key messages

- Staff were caring, respectful and compassionate when supporting people.
- Support was delivered when expected and this allowed people to get the best out of their day.
- The manager was responsive to people when complaints were made.
- Staff were trained and supported in their role.
- Quality assurance was regularly carried out with people using 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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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?

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 observed that staff communicated with care and compassion to people who used the service. People told us they were very happy with the support visits they received, and they valued the positive relationships they had with staff. We were told that the "Door is open and they're like a member of the family" and that they had "absolute trust" in them. Peoples loved ones were keen to tell us how good the support was, and that this gave them "real peace of mind".

We saw that some people experiencing support had complex needs that support staff were able to manage well. People's personal plans let us see that staff were good at picking up changes in people's presentation, or changing needs. Those receiving support, and were able to, confirmed this with us and shared examples of when this had happened. They were pleased with this, and told us how helpful it was. Staff updated managers, who were responsive, and made calls to other health professionals for referral. This made people feel confident that support workers were concerned over their health and wellbeing, and did all they could to support it.

Families and people experiencing support were consulted and kept well informed when there were any changes in personal plans. Many families had chosen to have access to the companies care app that showed them how their loved ones visits had gone each day, if there had been any change in needs, and reassured them that the visits had taken place as agreed.

People should know who is providing support on any given day. They told us they appreciated the way that the office kept them up to date and contacted them with information to let them know about staff personnel changes, as well as informing them if staff had been held up at previous supports or were caught in traffic.

There was good information in personal plans that showed the legal status of people being supported. This included Power of Attorney (POA) and Adults with Incapacity. Some people had a Section 47 certificate in place (this is the certificate that confirms incapacity), however, for those who did not we saw that the service had made contacts with professionals in order to request assessment or a copy of this.

Staff were trained in medication administration and followed the process regarding different levels of medication support required for people. Systems were in place to support the safe management of medication, however there was some development required to ensure support with medication was consistent and safe. Records we saw showed that staff had sometimes forgotten to record when medication had been given. This made it difficult for the next support team to be informed and confident that medications had been administered to the person supported. Managers were able to access the electronic system and could see where there were discrepancies in recording. In order to ensure the safety of people there needs to be an improvement in how staff record on the system, and the personal responsibility that comes with administering medication. (See area for improvement 1).

Areas for improvement

1. To demonstrate that medication is safely administered the provider should take steps to ensure that recording is accurate and timely. This includes staff being aware of their professional and individual responsibility and following administration training and protocols that are already in place.

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

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

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The manager had developed a service improvement plan by using a recommended self evaluation tool. This meant they were able to look at all areas of the service and see where improvements could be made. Regular feedback was sought from people and their feedback and comments were fed into the plan. This ensured that people felt included in the wider decisions about the service. We saw that actions in the plan were time bound, with some having already been achieved, some still in progress and some longer term goals. The manager made time to monitor the development of improvements identified and updated the plan on a regular basis. This ensured that people benefited from a culture of continuous improvement in the service.

Audits and monitoring systems were in place and these were regularly carried out. Areas covered included staff training, accidents and incidents, complaints and wounds and falls. This meant that the manager had good oversight of the service. The complaint process had recently been improved by adding an extra call to people once complaints had been concluded. This was done either by a home visit or phone call to the individual at least one week after conclusion. This gave people the opportunity to discuss if they were satisfied with the outcome. People were confident that if they complained that it would be acted upon.

Accurate training records were kept for all staff, and for those who fell below the expected 90% compliance they were suspended from the rota until they had caught up. (Except in exceptional circumstances). This encouraged staff to ensure they kept their learning up to date and helped to ensure that people were supported by staff who were trained for their role.

Staff received regular supervision, and this was an opportunity for them to discuss training and development needs, as well as an opportunity to reflect on their practice. From time to time the manager also carried out group supervision which gave the whole staff team the opportunity to discuss together areas of practice and how they could work better to improve outcomes for people.

Regular team meetings were held, and there was a useful set agenda in place. Due to the geographical spread of the service these were carried out by a mix of face to face meetings with staff and some people attending via an electronic platform. Staff thought that these worked well and that it kept them up to date with any organisational or service developments, as well as an opportunity to receive updates about peoples changing needs.

Recruitment was carried out well with all mandatory elements included, such as relevant references, detailed interviews, Protection of Vulnerable Groups certificate (PVG) and Right to Work in the UK checks.

The manager carried out monthly checks to ensure that all staff were registered with the Scottish Social Services Council (SSSC). This is required to be able to continue work as a support/care worker.

Staff, and people being supported, told us that management were approachable and responsive to any contact made with them, which meant they were comfortable raising any issues and felt able to do so.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a robust induction programme in place for all new staff. It covered organisational and service information. During this period of induction staff undertook training in areas such as infection prevention and control, moving and assisting people and adult support and protection. There was also a period of shadowing experienced colleagues, one to one meetings and practice observations with the field supervisor. New staff were appointed a mentor which meant they had a supportive colleague that they could approach for advice. As new staff achieved each element of the induction process they were marked as competent by the supervisor. This meant that people could have confidence in staff because they were trained to carry out their role.

Staff made comment to us that they felt they worked well together and they were supportive of each other. We saw this when we accompanied them on supports, and it was also the view expressed from people being supported. People told us that the staff showed real concern and care in their role and that they didn't ever appear to be rushed. Staff confirmed with us that they felt they had time to carry out supports well, and time to get to know people.

Staff undertook regular training and enjoyed doing so. There was large suite of training available, and as well as those mentioned above there were other targeted areas of training for staff that enabled them to confidently support people experiencing dementia, give assistance with medication, and/or with fluids and nutrition monitoring and skin integrity.

It is required by the SSSC that care staff attain a Scottish Vocational Qualification in order to meet their registration conditions. This is given a timescale to achieve by the SSSC and CERA are supporting their staff to achieve the qualification to meet the conditions of their registration. These opportunities contributed to staff development and confidence and improved how they carry out their role and in recognising peoples needs.

There were special recognition awards for staff that were provided from the organisation. These were awarded to staff who had supported people in particularly difficult situations or emergencies. Several staff in the service had achieved these and they told us they felt recognised and valued when they received them.

Some staff told us that the one thing that would help them enjoy their job even more was to have an office base in the local area. At times there were periods in between supports where they did not have time to return home, and in particular for non drivers, this meant they had to "hang around" until the next support was due. An office base would mean they had somewhere to go, speak to colleagues/managers or have a warm drink. This would improve staff wellbeing. We did discuss this with senior managers and they have assured us they are currently looking to try and get suitable accommodation in the local area, but it is proving difficult. However they are continuing to try and source an appropriate accommodation.

How well is our care and support planned?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service received an initial assessment for people when they were referred to the service. This contained information explaining people's needs including medications. Managers then met with people, and family members if involved. Discussion took place regarding any change in needs and the first personal plan was developed and agreed. Further review took place after 4-6 weeks to ensure the current plan was working and any changes required were updated. This meant that people were having their needs met and they were fully involved in developing and reviewing their personal plan.

Personal plans were formally reviewed with the person and updated at a minimum of a six monthly basis, and when we spoke with people they confirmed this. External health professionals were invited to attend or have input to these reviews. For people who were unable to make their own decisions at any time, the views of those who knew their wishes were taken into account. This ensured that changing, and future needs, were discussed and plans updated accordingly to support peoples choices and wishes.

Risk assessments were regularly updated for people. We saw that they had been updated after incidents such as falls or issues with skin integrity, along with actions required to negate the risks. When there had been no incidents then they were agreed and updated at the six monthly review.

Families were able to access the personal plan via the organisations care app and view the support their loved ones had received. They saw the staff who were identified to attend supports, and they were able to write communications to the service in the app. This process was beneficial regarding information sharing between the service, families and people being supported.

Feedback received from health professionals was positive. They stated good communication with the service. They told us they were confident that referrals made, or calls for advice, to them were appropriate. Staff were seen to be suitably skilled and confident in following through any treatment plans that were devised for people. Overall, we saw that personal plans recorded peoples needs and reflected well how they were supported.

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 have confidence in the staff who support them, the service should keep individual's staff support teams as small as it is safe and practical to be.

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

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.' (HSCP 3.11) and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 14 November 2023.

Action taken since then

The manager shared with us that after their last inspection they took on board what people had said regarding a stranger providing their support. They understood the concerns and the benefit of small support teams, they then went on to plan this and put it in place.

We spoke with people receiving support and they told us that they were supported by small teams of carers. This ensured consistency of support and that people were comfortable with staff.

When there was a new employee, they attended the persons home with an existing member of that team a few times. This meant that there was always someone they had met before who attended their home.

This area for improvement has been met.

Previous area for improvement 2

To help people plan and get the most out of their day they should be aware of the time staff will arrive. It should be explained that due to the nature of the service, staff may arrive 45 minutes before or after this time. If staff expect to arrive out with these times, people should be informed.

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

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 14 November 2023.

Action taken since then

All people that we spoke with told us that support staff were generally on time to offer them support. They also said they were aware that there was a "window" of time when arrival was expected. These expectations allowed people, and their families, to plan their day accordingly.

They recognised that traffic and/or previous supports could sometimes hold workers up. In these instances, they did receive a phone call from the office to inform them that staff were running behind and gave an expected time of arrival.

This area for improvement has been met.

Previous area for improvement 3

To ensure management have clear oversight of how daily support is being provided, management should quality assure visits are carried out as they appear on the rota. If staff expect to arrive more than 45 minutes out with these times on their rota, people should be informed. The frequency this happens should also be monitored.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 14 November 2023.

Action taken since then

We saw that a specific member of staff (the coordinator) focused on staff check in and check out times. They made a point of calling people to let them know if staff were running late for their support visits. Staff used a digital electronic process when arriving and leaving supports, and the system facilitated discrepancies to be picked up quickly. The coordinator would call staff members to ask if there was a reason for any hold up, and often it had been a case of someone forgetting to log in, or out, on their device. Where it was noted there were ongoing issues with individuals using the system, or being early/late then this was addressed with them in one-to-one meetings.

This area for improvement has been met.

Previous area for improvement 4

To keep people safe and help them get the most out of their day, management should meet with staff to discuss how daily schedules are planned. Staff should be encouraged to share their knowledge of the local area and of the people they support. An agreement must be reached which gives people who use the service greater consistency over when care staff will arrive.

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

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

This area for improvement was made on 14 November 2023.

Action taken since then

Managers and staff told us that there had been meetings to discuss daily schedules. We saw that this was also on the agenda at team meetings.

Staff were encouraged to share their knowledge of people's needs as well as knowledge of the local areas. Management took into consideration the medication needs of people, where medication had to be given at specific times of the day. This had an impact on support visits as to when they could take place.

Changes were made that improved support runs for staff and people being supported. This should continue to be assessed on a regular basis as people, and their needs, change.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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