

## Cera Care - Grampian 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:**  
CS2010253684

## About the service

Cera Care - Grampian is a care at home service registered to provide support to older adults and adults with learning disabilities in their own homes. It provides support to people living in Aberdeen City and Aberdeenshire.

Support ranges from a few hours per week to 24-hours per day. The service provides flexible packages of care and support to meet people's needs. The range of services includes, personal care and support, live-in care, support with domestic tasks and shopping.

The provider is CERA Care Operations (Scotland) Limited. At the time of the inspection, the service was supporting approximately 308 people.

## About the inspection

This was a follow-up inspection to assess the progress the service was making since the inspection on 5, 6, 7 and 12 November 2024. An unannounced inspection took place on 25 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate. The follow-up inspection focused on the requirements and areas for improvements remaining from the previous inspection and evaluated how the service had addressed these to improve outcomes for people.

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 two people using the service and 11 of their family and friends
- spoke with three staff and management
- had contact with 11 staff through e-mail communication
- reviewed documents.

## Key messages

Staffing arrangements were meeting people's needs.

Carers were communicating well with people, which increased people's satisfaction with their care.

People were supported to access other health and social care services, benefiting their lives.

People's personal plans were of a consistently good quality, which supported positive outcomes.

People felt listened to when they wanted to discuss any issues or concerns, which made them feel more positive about the service.

People's future wishes around end-of-life (EOL) care were documented, which increased the likelihood of EOL care experiences being how people wanted them to be.

Quality assurance and improvement processes were improving outcomes for people.

The service needed to improve how they recorded missed and cancelled visits, to ensure transparency around people's care.

## How good is our staff team?

One requirement and six areas for improvement remained outstanding from our previous inspection. Since then, the provider had put actions plans in place to support the improvements needed.

We found the service had made improvements relating to the requirement around staffing arrangements meeting people's assessed needs. People's care times and visits were more consistent, and people told us that their visits had not been missed or cancelled. As a result, people were positive about the service and their care. (See 'What the service has done to meet any requirements made at or since the last inspection') However, there remained some inconsistencies in the service's logs regarding cancelled visits. For example, some records showed when family members cancelled visits, whilst others did not. This made it difficult to track the reasons and who was responsible for the cancellations. Implementing a clearer system would support transparency, which could benefit people. We have therefore made a new area for improvement around the service having a clearer system for logging missed and cancelled visits. **(See Area for improvement 1)**

The area for improvement around the service ensuring carers communicate better with people has been met. People were positive about how carers were interacting with them, which increased their satisfaction with their support. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

The area for improvement around the service supporting people to access other relevant health and social care support has been met. People had been supported to access other services, which benefitted their lives. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

The area for improvement around the service improving people's personal plans has been met. Personal plans were of a consistently good quality, which supported positive outcomes for people. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

The area for improvement around the service communicating with people when there are concerns raised around their care has been met. People felt listened to when issues were raised, which meant they felt more positively towards the service. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

The area for improvement around the service supporting people to develop plans for their future end-of-life (EOL) care and palliative care needs has been met. People who wanted to had been supported to develop plans that identified how they wanted to be supported at the end stages of their lives. This increased the likelihood of people experiencing EOL and palliative care in the way they would want to. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

The area for improvement around the service improving their quality assurance and improvement processes has been met. Systems and processes were improving outcomes for people. (See 'What the service has done to meet any areas for improvement made at or since the last inspection')

## Areas for improvement

1. To support people's health and wellbeing and improve transparency around the care being provided, the provider should enhance how they document and record any missed or cancelled visits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## What the service has done to meet any requirements we made at or since the last inspection

## Requirements

### Requirement 1

By 12 February 2025, the provider must support people's health and well-being by ensuring staffing arrangements can meet people's assessed needs.

To do this the provider must at a minimum:

- a) ensure in advance that staffing arrangements can cover care visits
- b) ensure other support is in place when regular workers are off due to annual leave, sick leave or any other absences

- c) ensure consistent care visit times and inform people of these
- d) ensure carers stay for a sufficient amount of time during care visits
- e) ensure there are no delays in people taking their prescribed medication due to carers being late.

This is 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) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019 Section 7(1)(a) and 7(1)(c).

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

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

'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative' (HSCS 4.22).

**This requirement was made on 19 November 2025.**

#### Action taken on previous requirement

Staffing arrangements were meeting people's needs. Rotas were completed in advance, and most people received copies in the post, which reassured people by providing information on who was coming and when. People appreciated having this information in advance, which increased people's positivity about the service and their care.

People reported that staff were generally on time for visits and were staying for as long as they should. Any changes were communicated with people in advance. Carers were logging in and out of visits, with management monitoring this to ensure carers had stayed for the allocated time in people's homes. Staff also told us their colleagues attended assigned visits as scheduled, leading to more consistent care and a more positive experience for people.

People were taking their medication at the right time and as prescribed. The provider had recently reviewed all clients receiving medication support to ensure carers were arriving at correct times, making some adjustments to rotas. People and families confirmed that staff were arriving on time, allowing people to take medication according to GP guidance. As a result, people's health and well-being was improved.

This requirement has been met. However, there were inconsistencies in the recordings of some missed and cancelled visits. Some staff were logging details but others were not. More consistent recording would enhance transparency and allow for easier auditing of why visits are cancelled. This was discussed with the provider, who will initiate discussions with staff to ensure all details are recorded when visits are cancelled. We have therefore made an area for improvement around this. (See Area for improvement 1 under section 'How good is our staff team ?')

#### 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 support people's health, social and emotional needs, the provider should ensure all carers are communicating and interacting with people positively.

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 meets my needs and is right for me' (HSCS 1.19); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6).

**This area for improvement was made on 19 November 2024.**

#### Action taken since then

People shared positive feedback about their interactions with carers. One individual, who had previously expressed concerns noted, "All of them do say hello in a friendly way now." Another person remarked, "I like all of my carers, and I couldn't do without them. They are all kind and nice." Staff also observed positive interactions between their colleagues and people. The overall sentiment from people and their families was positive, indicating increased satisfaction with the support provided.

Staff had completed cultural training and shared examples of what they had learned. For instance, one staff member mentioned learning how to better communicate with people when discussing their personal care preferences. Consequently, people's care and support was improved, through better communication from carers.

**This area for improvement has been met.**

#### Previous area for improvement 2

To support people's health, social and emotional needs, the provider should support people to access health and social care services which benefit their health and well-being.

This should include but is not limited to, supporting staff to recognise changes in people's needs that require additional services and actively engaging with external services to ensure any additional support is not delayed.

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

'I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish' (HSCS 2.26); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 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 19 November 2024.**

#### Action taken since then

The service supported people to access services that could enhance their lives. For instance, they contacted occupational therapists to discuss mobility aids and reached out to care management when people's needs had changed. This demonstrated that carers were attentive to changes in people. Furthermore, staff discussed supporting people with health appointments, assisting with referrals to social activities and informing their line managers when they noticed changes in people's needs. These proactive and responsive efforts from carers contributed to improved health and well-being for people. Overall, the service's commitment to connecting people with relevant professionals had improved, enhancing the quality of peoples' lives.

**This area for improvement has been met.**

#### Previous area for improvement 3

To support wellbeing and improve outcomes for people, the service should ensure their quality assurance and improvement processes support staff to provide the best possible care and support.

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

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

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6).

**This area for improvement was made on 19 November 2024.**

## Action taken since then

Quality assurance systems and processes were improving outcomes for people. For example, the service conducted medication audits, effectively identifying errors and discussing them with staff, such as missing signatures for pain relief medications and eye drops. This practice enhanced staff performance in medication management. As a result, people were more likely to receive their medication correctly.

Complaints were logged, actions were identified and outcomes were discussed with staff, further supporting improved staff practice and benefiting people's lives. Additionally, the provider actively sought the views of people using the service to inform development and future improvements. As a result, the service was more person-centred and aligned with people's preferences.

**This area for improvement has been met.**

## Previous area for improvement 4

To support people's health and wellbeing and improve the quality of their support, the provider should improve the quality of people's personal care plans so that they are all completed to the same high standard.

This should include but not be limited to, ensuring consistently good quality of personal plans and making sure they contain up-to-date information.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

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

**This area for improvement was made on 19 November 2024.**

## Action taken since then

People's personal plans were of a consistently good quality. Plans were detailed and clearly outlined when, where and how to support people. This level of detail ensured that support was tailored to people's individual needs, enhancing the overall quality of care. Furthermore, personal plans incorporated the thoughts and views of people, which was supportive of them being cared for in the way they preferred. This approach contributed to people feeling valued and supported according to their personal preferences.

**This area for improvement has been met.**

## Previous area for improvement 5

The service provider should ensure that people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs, along with any other relevant medical documentation.



This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

**This area for improvement was made on 17 April 2023.**

#### Action taken since then

The service was actively supporting people to document their future care needs, including their preferences around end-of-life (EOL) care. It was encouraging to see these plans being implemented and discussed with individuals during reviews and upon joining the service. This proactive approach highlighted the service's dedication to effectively addressing people's future needs. Some people had completed anticipatory care plans, detailing their preferences for care should their health decline and specifying the areas of care they wanted the care company to manage. Consequently, people's future care could be more likely to align with their personal wishes.

**This area for improvement has been met.**

#### Previous area for improvement 6

The provider should engage in proactive communication with people, their representatives, when issues are raised about care delivery. This would support an open and honest learning culture where people feel included, respected and listened to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4).

**This area for improvement was made on 23 February 2024.**

#### Action taken since then

The service were tracking complaints. They were logging them on the electronic system to ensure all communication, actions and outcomes were noted. For example, they engaged with people regarding a complaint about an aspect of their care. The complaint was clearly documented and when we spoke to the person involved, they advised that they had felt listened to by the service. This meant people felt heard, which increased their satisfaction with their care. Furthermore, people using the service said that they had been made aware of the complaints process. This showed the provider was being transparent with people, which could benefit their support. As a result, the service had demonstrated commitment to addressing and resolving complaints effectively.

**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).

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