

## CERA - Ayrshire Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 August 2025

**Service provided by:**  
CERA Care Operations (Scotland)  
Limited

**Service provider number:**  
SP2009010680

**Service no:**  
CS2016350584

## About the service

CERA Ayrshire is registered to provide a Housing Support and Care at Home service to people with support needs living in their own homes. The provider is CERA Care Operations (Scotland) Limited.

At the time of the inspection the service provided care and support to 194 people.

CERA states their mission statement is "re-imagining the way care is planned, delivered and received and as part of this, we're committed to putting our Professional Carers at the heart of our innovation. Our technology enables carers to do what they do best, Care. Using smart technology, we can track and monitor the health of our users, enabling families and medical professionals to have visibility of changes in health and well-being status. Digitisation allows us to identify health concerns, to help our users avoid unnecessary hospital visits, all whilst protecting vital NHS resources."

## About the inspection

This was an unannounced inspection which took place on 28, 29, 30, 31 July, 1 and 4 August between the hours of 07:00 and 20:00. 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 22 people using the service and four of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Staff demonstrated kind and compassionate care, fostering positive relationships with people using the service.
- Care plans were person-centred and outcome-focused.
- The service had robust systems for medication management, but level 2 medication administration practices posed potential risks.
- Staff recruitment and induction processes were strong, with shadowing and buddy systems in place.
- Continuity of care was mostly good, though a couple of people experienced inconsistencies.

## 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 staff team?	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 found important strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

Staff interactions with people were warm and respectful. People told us they felt well cared for and supported.

Everyone receiving care and support should have a care plan in place that directs staff on how the person needs and wishes to be supported. When visiting people in their homes we could see that some had a hard copy of their care plan but not all, this was addressed by the service during the inspection. Staff providing support had access to care plans on their electronic devices, that reflected people's preferences and outcomes.

We found that some care plans included non-applicable information within the health section which should be addressed to ensure relevance and clarity. (See Area for Improvement 1).

People were supported with food and hydration, and dietary choices were respected. The use of a pressure ulcer scale and fall prevention system demonstrated proactive health monitoring. We were able to see staff being responsive to someone's care needs, using their skills and knowledge of the systems in place. They liaised positively with external health professionals.

Risk assessments were in place, though generic templates should be replaced with personalised documents. **(See Area for Improvement 1).**

There was a comprehensive medication audit systems in place. This ensured that people were receiving the right medication at the right times. However, whilst shadowing staff, level two medication was being administered, putting staff and the organisation at potential risk should there be any issues. Management took steps to address this during the inspection. **(See Area for Improvement 2).**

The service asks people they support to provide feedback on the care they receive. They do this during six-month reviews of care plans and also through courtesy calls. This gives people confidence that the service is continually looking to improve and that people using the service can influence this improvement.

Appropriate documentation was in place for people lacking capacity, including power of attorney details.

### Areas for improvement

1. The provider should ensure that care plans contain only relevant and personalised information to support effective care delivery.

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

2. The provider should ensure that staff follow medication guidance and that they are not administering medication unless authorised to do so.

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 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.

### Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

Recruitment processes were robust, with compliance and training departments working closely to ensure staff readiness. Shadow shifts and buddy systems supported new staff effectively. Staff felt supported and valued.

There was good oversight of staff Scottish Social Service Council registration and training. Giving people confidence that the right people are employed to deliver care and support.

People knew who would be supporting them through the use of the electronic app or copy of rotas and continuity of care was generally good. Staff deployment based on postcode helped reduce travel time, though some staff reported insufficient travel time between visits.

Preferred carer lists ensured people received support from staff they were comfortable with. Visit punctuality was generally good. Where a carer was running late, on the whole people were informed.

We could see that observations of staff practice were taking place and that staff were receiving support and supervision and appraisals. Ensuring staff are competent in their role.

Management keep staff informed of any changes to policies, procedures or care delivery through e-mails and the electronic app on their work telephone.

## 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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