

## CERA – Complex Care Support Service

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Announced (short notice)

**Completed on:**  
25 January 2023

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

**Service provider number:**  
SP2009010680

**Service no:**  
CS2014334276

## About the service

CERA - Complex Care is a care at home service registered to provide services to a maximum of 20 adults and children with learning disabilities, physical disabilities and long term degenerative conditions living within their own homes throughout Scotland.

The provider is CERA Care Operations (Scotland) Limited. The head office is based in Alloa with an additional offices located in Scotland.

At the time of the inspection there were seven service users being supported by CERA - Complex Care provided by five staff teams covering the following areas; Aberdeenshire, Highland, Perthshire, Forth Valley and Glasgow.

## About the inspection

This was an announced inspection which commenced 15 December 2022 and finished 25 January 2023.

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:

- visited people in their homes and met the staff who supported them;
- spoke with relatives;
- spoke with staff and management;
- reviewed returned electronic surveys; and
- reviewed documents.

## Key messages

People and families had formed strong, trusting relationships with staff

Staff knew their service users very well and supported them with care and sensitivity

This included supporting people with their interests as well as their complex medical needs

People's health and wellbeing benefited from good communication with health and social work colleagues to ensure people received the right care at the right time

The provider had clear systems for quality assurance in place which supported continuous service improvement

Communication and working relationships between staff and management was good although management support could be improved in the north region

People's support plans were person centred but were not always up to date

The provider needs to ensure all their care services are accurately registered with the Care Inspectorate.

## 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?	5 - Very Good
How good is our leadership?	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?

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.

We observed staff supporting people with warmth, respect, and kindness. People felt safe when care was being delivered because there were strong, trusting relationships between staff and the people they supported. People and their legal guardians described care and support that promoted their dignity, privacy and choice.

Some of the comments from the people we spoke with included:

'Care is very person centred - staff know my loved one very well, their likes, dislikes and are always respectful';

'We are very happy with the package of care we receive'; and

'I always have a say.'

Staff were responsive to any changes in people's health or care needs. They had access to a digital alert systems to raise any concerns to management who also responded quickly. The digital system enabled staff to read care plans on mobile devices which meant they had easy access to information about people's care and support needs. However, some of the care and support plans had not been evaluated recently which meant they may not up to date. **(See section 'How well is our care and support planned' and area for improvement 1)**

Despite this concern, staff were very knowledgeable about people's specific medical needs. They were well trained and skilled in dealing with people's complex medical care needs. There were strong professional working relationships with specialist external health providers, such as the ventilator nurse team who also provided training and training updates to the staff team. This provided confidence that people got the right healthcare.

This was endorsed by family who told us;

"My loved one has very complex health needs, but I feel confident the staff know how to care for these."

The provider had introduced a new electronic medication system which was a safe and adhered to good practice guidance. Records confirmed that people were receiving their medication as prescribed and intended.

Staff demonstrated a clear understanding of their responsibilities to protect people from harm, including infection risk. There were systems and resources in place to support the safe management of infection prevention and control. Staff adhered to current infection, prevention and control information and guidance. They had been trained and were knowledgeable about how to reduce the risk of spread of infection. There were systems in place to ensure staff had easy access to Personal Protective Equipment (PPE). This meant people were safe and protected from infection.

## How good is our leadership?

## 4 - Good

We evaluated this key question as good. This means there were important strengths. However, improvements were required in some aspects leadership and management to maximise positive impact on people's outcomes.

The service was led and managed well. The majority of families and staff felt well informed and said;

'Management are approachable and we are confident about raising any concerns.'

However, some families and staff felt remote from the service which was managed from Perth. It was positive that they were able to make contact by phone or other means but lacked regular face to face contact. The service provided assurance about the support arrangements in place, for example a clinical quality lead. However, we have made an area for improvement to focus attention on this area. **(See area for improvement 1)**

Managers of the service demonstrated a clear understanding of their role in monitoring, directing and supporting improvement. The focus was on providing a safe and person centred service. For example, the organisation undertook an annual quality audit which informed the manager's quality action plan which was frequently updated.

There were effective quality assurance systems to keep people and staff safe. Their digital planning system provided a clear overview of key issues such as accidents and incidents, medication, care plans, and reliability of visits to ensure people received a good service. There were some errors at times, however, these were identified by management and quickly addressed. Learning from serious incidents was evident because action was taken and the outcomes were shared across the organisation to prevent it happening again.

Families were confident about raising an issue. They said staff and managers would act quickly and work with them to make improvements. However, feedback from people using the service could be improved. Although service users and/or their guardians/representatives were involved in twice yearly reviews, there was less evidence of service user feedback surveys. These would provide further assurance that CERA Complex Care were responsive to feedback and used learning to improve. The provider confirmed that this was currently under review. We will follow this up at the next scrutiny visit.

Staff spoke positively about the training they were expected to complete to ensure their practice supported improving outcomes for people. This included a robust induction and 'shadowing' period for new staff. Training, staff supervision and appraisals were all up to date because the system for ensuring these took place was effective. This provided assurance that staff were in receipt of the right training and updates.

During the inspection, it became apparent that the service's registration with the Care Inspectorate was incorrect. Care services in Scotland must, by law, register with the Care Inspectorate and it is the registered manager's responsibility to ensure their registration is correct. The Provider responded promptly to this oversight. However, it is vital that CERA Care Operations (Scotland) Limited ensure all their registrations are correct.

### Areas for improvement

1. To be confident that people, families and staff are being provided the right support, the provider should ensure, as a minimum;

- a) there are appropriate management and leadership arrangements in place across the north geographical area of the service;
- b) this should include more regular contact with service users and their families by the registered manager, to ensure that people and staff receive the right support.

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

- 'I use a service and organisation that are well led and managed' (HSCS 4.23); and
- 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. This means there were important strengths. However, improvements were required to maximise people's experience and outcomes.

To support the development of an individuals' electronic care and support plan, a full risk assessment was undertaken when people started receiving a service from CERA Complex Care. The assessment informed their specific clinical care and support plan which set out people's care needs, for example, moving and handling, skin care, as well as their complex medical needs.

It was positive that families had full access to their loved one's plan of care, which meant they were able to contribute on a regular basis to their support plan, if they wished. This provided assurance that staff knew how to support people and their plans were right for them.

People's preferred daily routine were also set out in their plans. For example, choice of clothing to be worn, when they like to get up and go to bed and their personal care routine. This was in addition to a detailed description for staff about how to care for their specific medical needs. This shaped how people were supported in their homes, providing assurance that people's care and support met their needs and their wishes and choices were respected.

Twice yearly formal reviews were held with people, family guardians and other professionals to review how things were going. Any changes with people's care and support as a result of the review or in between times, should be documented within the support plan.

However, some plans had not been updated or evaluated recently. It is vital that people's care plans are regularly reviewed, evaluated and updated to make sure they accurately reflect their current health and care needs. People can then be confident that all staff know what care and support is required. **(See area for improvement 1)**

In addition to the electronic care plan, there were paper copies kept in people's homes. We found that information was missing or out of date in some of the paper copies which could be risk. For example, dates of assessments or other checks undertaken were incorrect.

Furthermore, people's plans and wishes for their life in the future should also be taken into account. This may involve the use of anticipatory (advanced) care plans. This will ensure everyone involved in people's care is familiar with what is important to them, their wishes for the future and at end of life, where appropriate. **(See area for improvement 1)**

## Areas for improvement

1. To ensure people can be confident that all staff have access to the right information about their current care and support needs, the provider should ensure, but not limited to;

- a) that all risk assessments relating to health and wellbeing are appropriate, relevant and evidence based, to include but not limited to, infection prevention and control;
- b) people's electronic and paper based clinical care, support plans and risk assessments are always kept up to date;
- c) the quality of people's care and support is frequently evaluated and recorded and updated accordingly;
- d) people's plan of care is person-centred and outcome focussed; and
- e) care plans include people's wishes for the future and at end of life, where appropriate.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.16); and

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

## 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 manager must ensure that evidence of multi-disciplinary care plan reviews are documented to demonstrate who was involved, what was discussed and what changes were made to ensure staff have sufficient, up to date information to consistently meet people's health and care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, '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 10 January 2020.**

### Action taken since then

Multi-disciplinary care plan reviews were taking place twice a year. Outwith these reviews there were regular discussions with people using the service, and their families, and other professionals involved with the service. These were recorded and we saw evidence of the outputs from these meetings.

However, the service does not routinely receive copies of the social work reviews which take place annually. We encouraged the service to record their own minutes and actions agreed so they have a clear

record of what was discussed and what changes were made. This will ensure staff have sufficient, up to date information to meet people's health and care needs.

This area for improvement has been met, however we will review progress at the next scrutiny visit.

## Previous area for improvement 2

The manager should work towards improving care plans by including person centred details to reflect people's personal preferences and choices to ensure they are leading their plan of care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 10 January 2020.**

### Action taken since then

The electronic care planning system had not been in use for very long. The clinical care plan provided the detail about people's clinical/medical care needs and support plans provided further detail about specific support needs in relation to, for example, skin and personal care.

We found these to be person centered and well informed. Staff were able to access the right information to inform them about people's specific needs and preferences in the digital care plan. However, we identified some risks in relation to ensuring people's paper care plans were kept up to date (see section. 'How well is our care and support planned'? and area for improvement 1 above).

This area for improvement has been met, however we will review progress at the next scrutiny visit.

## 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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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