

CERA - Midlothian Housing Support Service

34 Whitecraig Road
Whitecraig
Musselburgh
EH21 8NE

Telephone: 0131 374 5414

Type of inspection:
Unannounced

Completed on:
4 March 2026

Service provided by:
CERA Care Operations (Scotland)
Limited

Service provider number:
SP2009010680

Service no:
CS2018367671

About the service

Cera Midlothian is registered as a combined care at home and housing support service providing care in Gorebridge, Mayfield, and Newtongrange areas of Midlothian. Cera Midlothian provides support to adults living in their own homes.

At the time of our inspection the service was being provided to approximately 145 people.

About the inspection

The inspection was unannounced and took place from 23 to 27 February 2026. We visited the office on 23 and 24 February to meet staff and review documentation, spoke with people by phone on 25 February, and carried out home visits on 26 February. We shared our feedback with the manager on 3 March 2026.

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 registration information, information submitted by the service and intelligence gathered. In making our evaluations of the service we:

- Spoke with 18 people and eight relatives
- Received feedback from seven clients and 19 relatives, via our online questionnaires.
- Spoke with 10 support staff and received further comments from 20 carers via our questionnaires.
- Met with senior management and the registered manager of the service.
- Sampled a range of documents.

Key messages

- Staff were described as kind, caring and attentive.
- Staff had been recruited safely, with appropriate pre employment checks in place.
- People's care plans provided guidance on how to meet their care and support needs. However, for many these had not been reviewed for some time, to ensure they were up to date.
- Staffing arrangements were not affective to support safe, compassionate and person-led care. This had the potential to impact people's experiences and outcomes negatively.
- Improvement was needed to ensure staff felt supported, had their practice observed and had opportunities for reflective discussions in team meetings and give their input.
- There was a lack of effective management oversight, along with appropriate and robust quality assurance systems, to identify and make improvements and develop 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We evaluated this key question as weak. Although some strengths were evident, these were outweighed by significant weaknesses that affected people's experiences and outcomes.

People and their relatives consistently described staff as kind and caring, and staff interactions generally aligned with the principles of the Health and Social Care Standards.

The service had introduced a system where care staff were expected to refer directly to external health professionals. Staff said their busy visiting schedules often prevented them from doing this promptly, limiting the manager's oversight of emerging health issues and delaying support for people. We discussed with the manager the possibility of shifting referral duties to office staff, to strengthen oversight and speed up access to healthcare. However, it was agreed that the staff supporting the individual remain best placed to make referrals, as they hold the necessary details. We advised that a clearer, more effective process should be developed to manage referrals going forward.

Consistency of carers mattered greatly to people. A small number benefited from regular staff who knew them well, enabling trusting relationships and early identification of changes in health. For most people, this consistency was not achieved.

This inconsistency undermines people's trust in the service's ability to meet their needs safely and reliably. Several individuals and relatives expressed reduced confidence that staff would follow agreed procedures, or deliver care in a manner that protected their wellbeing. The frequency of these reports indicates a systemic issue rather than isolated incidents, highlighting weaknesses in staffing

The manager spent significant time reacting to daily staffing gaps, with limited forward planning. Records showed that many people were supported by 50 or more different carers, over a 12-week period. People told us this was unsettling and affected their confidence in the service. One person said, "I find it a little unsettling when the carers are not consistent as they do not fully know the content of my care plan".

Staffing levels and deployment frequently resulted in care that did not meet people's expectations for safe, compassionate, person led support. Visits were often delayed, cancelled, or missed without communication, leaving people to cope alone or rely on others.

We received repeated accounts of situations where individuals who had been formally assessed as requiring the support of two staff members, for safe moving and handling were instead assisted by only one. This represented a significant departure from assessed care plans and safe working practices. Please see requirement one.

Requirements

1. By 9 June 2026, the service provider must ensure staffing arrangements support safe, compassionate and person-led care. Staff are scheduled and deployed to ensure people experience consistent, stable support from staff who know them well.

To achieve this, the provider must:

- Implement a rota system that prioritises continuity of care and reduces frequent changes to staff allocations.
- Ensure staff deployment reflects people's assessed needs, preferences, and planned outcomes.
- Put in place monitoring arrangements to ensure rotas are followed, changes are minimised, and any adjustments are communicated promptly.
- People and their relatives are fully informed of any changes to their visit times and staff supporting them in planned or unplanned events.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure the 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". (HSCS 3.11) and "My needs are met by the right number of people". (HSCS 3.15)

How good is our leadership?

2 - Weak

We evaluated this key question as weak. While some strengths were evident, they were outweighed by significant weaknesses that negatively affected people's experiences and outcomes.

Robust and consistent quality assurance processes are essential to ensuring that people experience safe, reliable, and continuously improving care. Current arrangements were not effective in identifying concerns or driving meaningful change, which meant that people did not always benefit from care that met expected standards or supported positive outcomes.

The provider needs to significantly strengthen quality assurance across all areas of the service. This should include regular, purposeful observations of practice and routine spot checks to understand the quality of people's day to day experiences. Audit activity must lead directly to a clear and comprehensive improvement plan, with specific actions, accountable leads, and realistic timescales. Without this, the service cannot demonstrate that improvements are being made, or that people's outcomes are being enhanced in a sustained and measurable way.

The service completed staff and supported person/relative satisfaction surveys in 2025, but the value of these exercises was limited. The staff survey covered the wider Lothians area and could not be filtered to identify issues specific to Midlothian. The client survey received very few responses, reducing its usefulness for local improvement. The service needs to establish more effective and meaningful ways of engaging with people, relatives, and staff so that feedback can reliably shape service development.

A review of accident and incident records highlighted a significant risk of under reporting, particularly given the size of the service and the number of people with high support needs. Management acknowledged that incidents were likely not being fully captured. This meant that important information about people's experiences, emerging risks, and potential deterioration was not always identified or acted upon.

When accidents and incidents are not consistently recorded, analysed, and used to inform care planning, people are less likely to benefit from timely interventions that could prevent further harm. For example, repeated falls or changes in behaviour may go unnoticed, limiting the service's ability to respond proactively and keep people safe.

To improve outcomes, all accidents and incidents must be accurately documented, reviewed for trends and patterns, and used to guide risk management strategies. In addition, all notifiable events must be reported to the appropriate bodies, including the Care Inspectorate, to ensure external oversight and accountability. Please see Requirement One.

Feedback from staff and relatives, along with documentation reviewed, showed that management oversight was not sufficient to ensure positive outcomes for people. Limited supervision, observation, and leadership meant that day to day practice was not consistently monitored, reducing the service's ability to identify and address issues that affected people's safety and wellbeing.

Staff reported low morale and a need for a more visible and engaged leadership presence, which directly influenced the stability and quality of people's care. Please see Requirement Two.

Requirements

1. By 28 April 2026, the provider must ensure incidents and accidents are recorded and reported to external bodies, including the Care Inspectorate when required to.

To do this, the provider must, at a minimum:

- Record, monitor, and follow-up incidents in line with legislation and guidance;
- Ensure all staff are aware of their responsibilities and how to report accidents and incidents, including adult protection;
- Implement quality assurance systems and oversight of incident and accident reporting;
- Ensure information is communicated to relevant agencies including the Care Inspectorate, following guidance 'Records all registered care services must keep and guidance on notification' (Care Inspectorate, 2020); and
- Ensure information from incidents is used to inform a service improvement and development plan.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. By 9 June 2026, the provider must ensure people have confidence that the service they use is led well and managed effectively.

To do this, the provider must at a minimum:

- (a) The management have effective oversight of the day-to-day delivery of care to service users to ensure their care needs are fully met.
- (b) The management have a visible presence within the service and engage with service users, relatives and staff to support the development of management oversight required.
- (c) The management engage in a meaningful way with service users and staff about the quality of the service and take action, to address improvements identified to ensure improved outcomes for service users,
- (d) Implement and utilise quality assurance systems to drive forward improvements.

This is in order to comply with Regulations 4(1)(a) – Welfare of users of The Social Care and Social Work

Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the 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 comprehensive and transparent quality assurance processes". (HSCS 4.19)

How good is our staff team?

2 - Weak

We evaluated this key question as weak. While some strengths were evident, they were outweighed by significant weaknesses that negatively affected people's experiences and outcomes.

Staff were recruited in a way that ensured they were safe and suitable to care for people. Recruitment practices were appropriate, documented, and supported by all necessary background checks.

A variety of learning approaches were available to support different learning styles, and it was clear that all staff had access to training relevant to people's ongoing care and support needs. The manager monitored a training matrix to ensure training remained current and aligned with best practice.

Our review of supervision records, appraisals, and observations of practice showed significant gaps in staff support. Around 29% of staff had not met with their manager for supervision in the past six months, and 60% had not received an appraisal in the past year. Where supervisions and observations did take place, they were largely task focused, and relied on a tick box approach. They did not explore people's needs, staff learning, or what was working well or not in day to day support.

This limited opportunities for carers to reflect on their practice or consider how their actions impacted the people they supported. More structured and frequent supervision and observation were needed, to ensure people can have confidence that staff are skilled, reflective, and working in line with professional and organisational standards. Please see Requirement One.

Requirements

1. By 9 June 2026 to ensure people experience high quality care and support delivered by a competency, confident and well supported workforce, the provider must ensure that all staff receive regular, planned and recorded supervision, appropriate training which is assessed for learning outcomes with ongoing observations of practice.

To do this, the provider must at a minimum:

- a) Implement a clear supervision schedule, that ensures all staff receive planned, recorded supervision at agreed intervals, with a focus on reflective discussion, wellbeing, and professional development.
- b) Introduce a structured programme of observations of practice, ensuring these are purposeful, recorded, and used to support learning, identify strengths, and address areas for improvement.
- c) Establish regular team meetings with agendas that prioritise reflective practice, shared learning, discussion of incidents, and review of policies, guidance, and best practice.
- d) Ensure all supervision, observations, and team meetings are recorded in a consistent format that evidences reflective dialogue, agreed actions, and follow up.
- e) Provide training and guidance for supervisors to build confidence in leading reflective conversations and supporting staff to link practice to the Health and Social Care Standards.
- f) Monitor compliance with supervision, observation, and team meeting expectations through a clear quality

assurance process, ensuring senior leaders have oversight and take action where gaps arise.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure the 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 their practice and follow their professional and organisational codes". (HSCS 3.14)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Care plans were generally written in a positive and person centred way, and most provided helpful guidance about how people wished to be supported. However, approximately half had not been reviewed or updated for more than six months. This meant that staff were frequently relying on information that no longer reflected people's current needs, preferences, or levels of risk.

As a result, the service was unable to ensure that care was consistently safe, responsive, or aligned with people's changing circumstances. Outdated documentation can make it more difficult for staff, particularly newer or temporary workers, to deliver support confidently and in accordance with best practice.

The manager had begun implementing an outcome focused approach to care planning, ensuring that each person's plan clearly reflects what they want to achieve with the support of the service. We reinforced the need to embed anticipatory care planning within this process, so that future needs, preferences, and potential changes are proactively considered in line with the National Health and Social Care Standards.

Requirements

1. By 9 June 2026 the provider must ensure that all personal care plans are accurate, up to date, and reflect each person's current assessed needs. Care plans must be reviewed at least every six months, or sooner if there is a significant change in a person's health, wellbeing, or circumstances. All plans must clearly identify personal outcomes and demonstrate how the service will support people to achieve these outcomes.

To do this, the provider must at a minimum ensure:

- (a) Personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met.
- (b) Care plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed.
- (c) The auditing of care plans by the provider includes a follow through of actions, to ensure any areas identified for improvement are actioned upon and any learning is recorded.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

This is also to ensure that care and support is consistent with the Health and Social Care Standard (HSCS)

which state "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 1.1)

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 to have continuity and consistency of care, the provider should monitor and improve the scheduling of staff rotas. This will ensure all people receive support from a limited number of carers at the times right for them, as agreed in personal plans and reviews of care.

This is to ensure care and support is consistent with Health and Social Care Standard 4.16: I am supported and cared for by people I know, so that I experience consistency and continuity.

This area for improvement was made on 22 January 2025.

Action taken since then

We identified that further improvement was needed. We have therefore incorporated this into a requirement for improvement.

Previous area for improvement 2

The service should ensure people are informed in writing, regarding their care at home contract details and any significant changes.

In order to achieve this the service should undertake the following:

- a) Inform people, in writing, regarding when their care and support visits take place (morning, lunchtime, teatime or evening) and the length of their visits.
- b) Prioritise communicating with people when their visit times change significantly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 3.19: 'My care and support is consistent and stable because people work together well'.

This area for improvement was made on 22 January 2025.

Action taken since then

We identified that further improvement was needed. We have therefore incorporated this into a requirement for improvement.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.