

Cera Care - Dumfries and Galloway Housing Support Service

Unit 7
Holmpark Industrial Estate
Minnigaff
Newton Stewart
DG8 6AW

Telephone: 01671407209

Type of inspection:

Unannounced

Completed on:

12 March 2026

Service provided by:

CERA Care Operations (Scotland)
Limited

Service provider number:

SP2009010680

Service no:

CS2017361941

About the service

Cera Care - Dumfries and Galloway is registered to provide housing support and care at home to older adults, adults with learning/physical disabilities and adults with mental health support needs. The provider is CERA care operations (Scotland) Limited.

At the time of inspection, 48 adults were being supported by the service. Support ranged from 15 minutes to one hour per day. The service is provided to people living in Newton Stewart, Stranraer, Kirkcudbright, and Castle Douglas.

The registered manager works from the main office base in Newton Stewart and is responsible for coordinating the overall running of the service. A care coordinator and field care supervisor manage the staff teams who provide direct support to people.

About the inspection

This was an unannounced inspection which took place on 09, 10 and 11 March 2026 between 09:15 and 17:30. 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 13 people using the service and seven relatives
- spoke with staff and members of the management team
- observed practice
- visited seven people in their own home
- reviewed documentation

Key messages

- Staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- Families reported being happy with the care and support their loved ones received.
- Person centred care planning had taken place to ensure that the care people received, met their needs.
- People were supported by staff they knew and provided continuity of care.

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 good is our staff team?	5 - Very 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.

People experienced very good health and wellbeing outcomes as a result of their care and support. Staff interactions with people experiencing care and support were warm, encouraging and focussed on promoting people's independence. Staff were respectful when they spoke about the people they were supporting and showed patience in their interactions.

People's wellbeing benefitted from being treated with compassion, dignity and respect. Staff were focussed on achieving the best possible outcomes for the people they were supporting and caring for. Care was delivered at a pace suitable for each person. People were regularly supported by the same members of staff who spent time getting to know people. This meant that trusting relationships were formed between people and the staff who supported and cared for them.

Feedback was positive about the quality of care and support people received. Comments included " I am very happy with the care I receive; they are all lovely." and "the carers know how to look after me and are very friendly." Relatives' comments included "I am very lucky to have a wonderful team looking after my daughter, they always keep me informed."

Where risks to safety were identified, assessments were undertaken which identified the actions that could be taken to avoid or reduce risk. These were reviewed on a regular basis to make sure information was up to date and accurate. The risk assessments helped to inform care plans instructions as to how people should best be supported. We saw examples where the support provided followed the directions within the care plans. This had helped make sure the service was meeting people's needs and keeping them safe.

Staff could clearly describe their role in supporting and reporting on people's health. We saw examples that showed where staff had effectively raised health concerns about service users in a timely manner. This included reporting health and wellbeing concerns to appropriate healthcare professionals which had helped achieve the best possible outcomes for people.

Medication was recorded on Medication Administration Record Sheets (MARS), with additional supporting information held in people's plans. Although staff had undertaken training and demonstrated awareness of the medications used by people in the service, supported documentation could be strengthened and give better direction to staff.

During the inspection, sampled medications were correctly labelled and corresponded with entries on the MARS sheets. However, there was insufficient evidence to demonstrate the use of medication, the intended outcomes, or whether the medication was effective. (See Area for Improvement 1)

People we visited had an up-to-date personal plan. The person-centred detail continued within personal plans helped ensure that staff were able to support people according to their preferences. This information was accessible electronically and regularly reviewed, most people had paper copies of their personal plan.

Staff were able to update people's electronic notes in real time using handheld devices. This meant that

there was transparency, with office staff able to access people's daily notes and check that people's assessed support needs were being met.

Areas for improvement

1. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine;
- how much has been given including if a variable dose has been prescribed;
- the time of administration for time sensitive medicines; and
- the outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a comprehensive development plan in place which demonstrated clear and systematic internal auditing of key operational areas. This included monitoring of electronic call monitoring performance, staff punctuality, call durations, alerts management, and completion of quality assurance calls. The level of detail within the plan reflected a leadership team that actively tracks performance trends and uses data to inform operational decision making. This approach supports strong day to day governance and provides assurance that the service maintains oversight of essential elements of care delivery.

The service's self evaluation is detailed and shows good reflection. It demonstrates strong governance and effective risk management systems. Senior leaders are actively involved in ongoing improvement work, which helps maintain safe and well organised practice. To strengthen this further, the service should place more focus on outcomes for people.

Improvement actions should be clearer, and feedback from people using the service should be included more directly. The service has a strong foundation for continuous improvement, but further development is needed to ensure evaluations clearly show how actions lead to better outcomes for people.

Policies for safety, hygiene and quality assurance are in place. Audits show good compliance, including medication checks. Staff are encouraged to report issues rather than fix them alone. Regional oversight adds another level of monitoring. Overall, the quality assurance system is strong and reliable.

A review of the complaints received by the service showed that these had been responded to promptly. Complainants were advised of the method of investigation and the outcome of their complaint. The findings of complaint investigations should be used to enhance learning and improve practice. However, the recording of learning and actions was not always clear. The service should ensure better oversight and recording in line with organisational policy. This will ensure people feel listened to and reassure that the service is led well. (See area for improvement 1)

During the inspection, the registered manager engaged fully in the inspection process and was very

responsive to feedback provided. We received positive feedback on the management and leadership within the service. The staff told us they were well supported and listened to.

The service distributes an annual satisfaction survey to gather the views of people experiencing care, and the feedback returned to date has been positive. In addition, three monthly quality assurance calls provide a further opportunity for people to share their experiences and highlight any areas for improvement. To strengthen this process, the service should ensure that all survey results and the actions taken in response are clearly documented within the self evaluation. This will help demonstrate how people's views directly inform service development and improvement.

We discussed with the manager our view that a central register of individuals who lack capacity would strengthen the safeguarding of people's rights. At present, this information is recorded within personal plans. However, a dedicated register would clearly set out who has the authority to make decisions on each person's behalf and the scope of those decisions. We also highlighted the importance of identifying individuals who lack capacity to consent to medical treatment, ensuring that a Section 47 Adults with Incapacity (Scotland) Act certificate is in place where required. The manager received this feedback positively and agreed to take this forward.

Accidents and Incidents were not always being reported to the Care Inspectorate including protection concerns. However, these were being recorded and responded to within the service. We discussed different ways to ensure information was recorded and passed on to appropriate professionals. This will ensure effective oversight of people's health needs being met and keeps people safe (see area for improvement 2).

Areas for improvement

1. The provider should support better outcomes for people through a culture of continuous improvement. This should include maintaining a clear record of all complaints and concerns raised within the service including any actions taken and lessons learned.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

2. The manager should ensure improvement in the oversight, recording and reporting of information. Relevant and prompt notifications should be submitted to the Care Inspectorate in line with legislation and notification guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service which is well led and managed' (HSCS 4.23).

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.

We observed staff to be kind and caring and offered choice to people on their visits. Staff were knowledgeable and enjoyed working as part of small teams dedicated to each area. This ensured consistency and allowed people to develop positive relationships with their staff.

People using the service benefitted from the support of the staff team who worked well together and shared good values and goals. People could be confident they were supported by staff who had been appropriately checked and assessed because safe recruitment practices were followed within the service. This ensured people were comfortable with their team and continued receiving positive experiences of support.

Staff had regular group and one-to-one meetings to discuss their practice and wellbeing. A range of forums and surveys gave staff an opportunity to give their feedback. This culture enhanced staff performance and outcomes for people.

We observed good team working between staff. Direct observations of staff practice had been completed and these helped reinforce good practice and helped staff understand their role. Staff consistently told us the management team were approachable and available to support them where needed. This supported a positive working relationship between management and staff teams.

There were initiatives in place to support staff wellbeing including an employee assistance programme. This contributes to promoting staff wellbeing and impacts positively on staff retention.

People using the service, their representatives and professionals were confident that staff had the skills, knowledge and training to provide consistent, safe and effective care and support.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

All people had a personal plan in place; these were recorded within an electronic care planning system and a paper copy within people's homes. Staff were familiar with using this system and the quality of personal plan information was being developed.

Prior to using the service, assessments took place to obtain information on people's needs. This was to ensure the service would be appropriate and the provider had the resources required to meet the needs of people supported.

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

We liked that there were aspects of people's life history recorded. This can aid conversations and bring comfort to people with cognitive impairment by reminding them of special memories and people that are important to them. We discussed re-introducing one-page profiles which would give a sense of the person and the things that are important to them.

We saw evidence that six monthly care and support reviews were taking place, and the management team had clear oversight of this process. This meant people's outcomes were monitored regularly, and any

changes in their needs were identified promptly. Review records showed the involvement of supported people and their relatives, helping individuals to lead and direct their own care and support. The service should also ensure that people receive a copy of their review minutes to support transparency and involvement.

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

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