

Cegron Care Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
25 February 2026

Service provided by:
Cegron Care Ltd

Service provider number:
SP2023000401

Service no:
CS2024000051

About the service

Cegron Care Ltd is registered to provide a care at home service to people in their own homes and in the community. There were 11 people using the service at the time of this inspection.

The service has one staff team who cover Aberdeen and Aberdeenshire.

About the inspection

This was a short notice announced inspection which took place between 17 and 25 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this 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 to four people using the service and three of their family, friends or representatives
- spoke to seven staff and management
- reviewed documents.

Key messages

- People experienced warm, compassionate and reliable support that had a positive impact on their wellbeing.
- People received care from a small and stable workforce, which helped them feel secure and confident in the care they received.
- Assessment and personal planning were generally strong and person-centred.
- Leadership was strong and management were approachable and responsive.
- The service had a positive team culture.
- Recording of "as required" and topical medication could be improved.
- There was room to improve training monitoring and improvement planning.
- Some aspects of safer recruitment practice could be improved.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

4 - Good

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

People experienced warm, compassionate and reliable support that had a positive impact on their wellbeing. Feedback from people and relatives was consistently positive, with people describing staff as "really, really good", "always on time" and "very friendly". One person told us this was the first time in many years they felt genuinely happy with their care. These views highlighted the significant difference staff were making to people's day-to-day lives.

Staff communicated with people in a natural and relaxed way, offering choices, checking consent and working at a pace that suited each individual. During care provision, we observed staff adapting their communication when a person expressed discomfort, using reassurance and calm, supportive dialogue to help them feel at ease. These approaches contributed to people feeling safe, comfortable and valued in their own homes.

People were supported by a small and stable staff team. People told us they knew who to expect, which helped them feel secure. Relatives echoed this, with one commenting that staff had "stood the test of time" and that their reliability made an important difference, particularly during challenging periods or poor weather. This level of continuity supported trusting relationships and contributed directly to positive outcomes for people.

Staff understood people's needs well, recognised changes promptly and acted quickly when additional support or professional advice was required. In one instance, a staff member noticed that an individual was not themselves, monitored them and appropriately escalated concerns. This resulted in the person receiving timely medical treatment. This demonstrated that staff were confident in assessing risk and acted promptly when people's health needs changed. As a result, people's safety and wellbeing were enhanced.

Staff used appropriate personal protective equipment (PPE) when supporting people. They understood their role and responsibilities in preventing the spread of infection. However, the use of PPE and how staff washed their hands was not consistently in line with best practice. The management team assured us that they would take immediate action to address this. This will help keep people safe and reduce the risk of infection for everyone.

There was also room to improve aspects of medication administration. The recording of 'as required' medication often lacked detail about the reason for administration and its effectiveness. This meant people could receive medication that was no longer effective in meeting their needs such as managing their pain. We also found that people's creams and ointments did not have opening dates recorded, increasing the risk of using products that may no longer work, which could harm people's skin health. The service assured us that these issues would be addressed immediately. This will help protect people's health and wellbeing.

The service generally managed concerns raised with them well. However, there was one instance where a concern had not been fully recorded or followed up in line with the service's complaints policy. Recording and exploring all concerns, even when they appear inconsistent or vary over time, helps ensure people feel heard and can prevent relationship tensions from developing. The service reassured us that this will be

addressed for any future concerns. Strengthening this approach will further enhance people's confidence that the service responds appropriately and operates in an open and transparent manner.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff consistently described management as approachable, supportive and readily available. We also observed management responding quickly to concerns about people's health or staffing pressures, demonstrating practical and effective leadership. Relatives told us they could contact management at any time and felt listened to, which contributed to a positive and transparent culture.

The service had several quality assurance processes in place, including spot checks, medication audits, recruitment file checks and a training tracker. However, the quality and consistency of these systems varied. For example, spot checks were recorded regularly but often lacked meaningful narrative about the person's experience, strengths in practice, areas for development or how staff practice aligned with the care plan. Strengthening these records with clearer narrative and specific actions would improve the service's ability to identify patterns, support learning and assure safe practice.

There was an outstanding area for improvement relating to the delivery and monitoring of training. Although the service had a training tracker in place, it was not used effectively to monitor when training was due or to prompt updates. This meant some essential courses, such as infection prevention and control and adult support and protection, were overdue for a few staff. As a result, the area for improvement had not been met. Management reassured us that monitoring processes will be strengthened, which should help ensure people's health and wellbeing benefit from a trained and competent staff team. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection?' for further details.

There was also an outstanding area for improvement relating to improvement planning. The service had an improvement plan that set out work undertaken on previous areas for improvement, but it did not yet draw together learning from incidents, audits, feedback and quality assurance into a broader continuous improvement approach. This limited the service's ability to identify themes, learn from events and drive sustained improvements in people's experiences. This area for improvement is therefore not yet met and we will review progress with this at the next inspection.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had a positive team culture in place. Staff repeatedly described supportive management, good communication and a strong sense of teamwork. They told us that if they had any concerns, management were always available to help, and that practice observations felt constructive. This fostered a stable and supportive working environment. People experiencing care also described staff as friendly, polite and reliable, which showed that the culture contributed to positive day-to-day experiences. However, these strengths were not consistently underpinned by robust governance systems.

Continuity of staffing was usually good. People told us they generally received care from familiar staff and that visits were on time. Staff said they received their rotas in advance and were informed promptly of any changes. We noted one instance where a visit had been scheduled at a time that conflicted with another.

Management investigated this and corrected the rota immediately. While this was dealt with quickly, it highlighted that rota systems require more consistent oversight to reduce avoidable errors and confusion, particularly when new or unfamiliar staff were providing the care.

Supervisions took place regularly, which was positive. The outstanding area for improvement regarding regular one to one meetings had therefore been met. However, the quality of supervision records was limited. Most supervision entries consisted of ticks against general categories with little narrative. This meant reflective discussions, identification of learning needs and performance monitoring were not clearly evidenced. As a result, the value of supervision as a staff development and quality assurance tool was weakened. This limited our confidence that staff were being supported in a consistently robust way. The service reassured us that future supervisions will be recorded in appropriate detail. This should reassure people that staff are supported to develop, thereby assuring consistent, high-quality care.

Recruitment procedures contained essential checks such as identity verification, PVG information and right to work documentation. However, there were notable gaps in how safer recruitment guidance was applied. In one file, references provided only employment dates with no suitability information, and no additional references had been sought to establish the prospective staff member's character or suitability for the role. Interview scoring lacked clarity and was not replicable, and management demonstrated limited understanding of how interviews should be structured, recorded and scored in line with best practice. These weaknesses reduced assurance around safe recruitment and meant the associated area for improvement from the previous inspection had not been met.

As previously discussed, training governance also needed to improve. Although the service monitored training through a tracker, essential training such as infection prevention and control and adult support and protection was overdue for several staff, which could negatively impact people's health and wellbeing.

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.

Assessment and personal planning were generally strong and person-centred. Several plans showed a detailed understanding of individuals' routines, health needs, preferences and what mattered to them. This increased the likelihood of people receiving consistent, high-quality care in line with their needs and wishes.

Risk assessments were in place for most key areas, such as falls and manual handling, and had been completed in good detail. External assessments were thorough, and incident-related assessments, such as those following falls, showed appropriate follow-up and actions taken to reduce risk. These helped support safe and consistent care. However, we noted an instance where staff were using additional protective equipment in a person's home due to an environmental factor, but a risk assessment for this had not been completed. The service assured us that this risk assessment would be promptly undertaken. Keeping risk assessments up-to-date helps keep both staff and people experiencing care safe.

Staff recorded daily notes in good detail, building a meaningful picture of how people experienced their support. They captured key information on mood, mobility and outcomes during care delivery. This improved communication, enabled staff to recognise changes quickly and supported consistent care, which strengthened people's health and wellbeing.

People had regular reviews to discuss their support needs. Reviews were completed well and noted any

changes needed to personal plans or risk assessments. This helped staff provide care and support that met each person's current health and wellbeing needs.

The service also undertook internal reviews when a person's needs changed, for example, after a health incident or fall. However, the quality of these reviews varied. Some were detailed and person-centred, while others did not capture the individual's views about the situation or the measures proposed to reduce risks. The service reassured us it will improve the consistency of person-centred detail within internal reviews. This should reassure people that their opinions are valued, thereby supporting their self-esteem and emotional wellbeing.

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 improve and support better outcomes for people, the provider must develop an improvement plan, using self-evaluation, that links directly to and improves the outcomes and experiences for people.

This is to ensure 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).

This area for improvement was made on 11 April 2025.

Action taken since then

The service had an improvement plan in place. However, the plan was focused mainly on areas for improvement from the previous inspection. Although some self-evaluation had been undertaken, the outcomes from this activity were not reflected within the actions on the improvement plan. The plan did not yet draw together learning from incidents, audits, feedback, or wider quality assurance activities to form a broader continuous improvement approach. This limited the service's ability to identify themes, learn from events, and drive sustained improvements in people's experiences.

This area for improvement had therefore not been met. We will review progress with this at the next inspection.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure that all training should be clearly monitored and delivered in line with best practice.

This is to ensure that 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 skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 11 April 2025.

Action taken since then

The service had a comprehensive training tracker in place, and certificates of training completion were stored within the service's electronic system. However, the tracker was not yet being used effectively to monitor when staff training was due or to prompt and arrange updates. Almost all completed courses had been classified as mandatory, which made it difficult to monitor compliance with essential training. As a result, some key courses, such as infection prevention and control and adult support and protection, were overdue for a few staff. The service reassured us that they will strengthen their monitoring processes. This will help ensure people's health and wellbeing benefit from being consistently supported by a trained, skilled, and competent staff team.

This area for improvement had therefore not been met. We will review progress with this at the next inspection.

Previous area for improvement 3

To support staff, the provider should ensure regular staff individual one-to-one meetings take place, that focus on staff development and support.

This is to ensure that 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).

This area for improvement was made on 11 April 2025.

Action taken since then

One-to-one supervision meetings were taking place at appropriate intervals, and the service had effective systems in place to track when these occurred. This demonstrated progress regarding the frequency of supervision.

However, the overall quality of the supervision process still needed to strengthen. The information recorded offered limited insight into the discussion, staff reflection, or how development needs were identified and followed up. While staff spoke positively about the support they received, the current documentation did not meaningfully evidence this. Improving the depth and evaluative content of supervision records will help the service demonstrate how staff are being supported to develop and maintain safe practice.

There was enough evidence to consider the area for improvement met, but continued focus is required to embed high-quality supervision and staff support.

Previous area for improvement 4

To safeguard and support positive outcomes for people, the provider should ensure 'Safer Recruitment Through Better Recruitment' guidance is followed.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 11 April 2025.

Action taken since then

The service had the foundations of safe recruitment in place, but the depth and quality of recruitment checks varied. Some interview documentation lacked evaluative detail, and scoring methods were not clearly evidenced, making it difficult to understand how candidates were assessed. In one example, references did not provide information about the individual's character or suitability, and no additional checks had been undertaken to address this gap. As a result, the service could not demonstrate full compliance with safer recruitment guidance, and therefore, this area for improvement remained unmet. We will review progress at the next inspection. Please see the section on 'How good is our staffing?' for further details.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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