

# Wellness Social Care Services Limited Housing Support Service

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Announced (short notice)

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**Service provided by:**  
Wellness Social Care Services Limited

**Service provider number:**  
SP2023000080

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CS2023000121

## About the service

Wellness Social Care Services Limited provides housing support and care at home services for older people and adults living in their own homes.

Services are currently being provided for people living in Fife, Falkirk and Perth and Kinross. Sixty people were using the service during the inspection.

We carried out a full inspection between 17 and 22 April 2024. During the inspection we identified concerns regarding the support for people's wellbeing, quality assurance, staff learning and competency and personal planning. We made four requirements. We identified staff recruitment as an area for improvement.

We carried out a follow-up inspection between 21 and 23 August 2024 to evaluate the provider's progress towards meeting the requirements and areas for improvement. We found the requirements were met. However, the area for improvement was not addressed and people remained at risk. Therefore we commuted the area for improvement to a requirement. Please see the body of the report for details of our findings.

## About the inspection

This was a follow-up inspection which took place between 21 and 23 August 2024. 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 two people using the service and one of their representatives;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

**Key messages**

- People received kind, compassionate and person-centred care from staff they knew well. People were very happy with their support.
- Information about people's health care needs and past and current medical history had improved. This guidance informed staff practice and enabled staff to provide safe, consistent and effective care and support.
- Quality assurance audits and tools had recently been developed and implemented. The tools were of a good quality.
- Service satisfaction surveys had been sent to people using the service or their representatives. The provider did not inform respondents of how areas for improvement identified would be addressed.
- Tools to evaluate staff's understanding and ability to transfer learning into practice had been introduced. However, these were limited. The development of tools and approaches should continue to ensure staff have the knowledge, skills and understanding to meet people's needs.
- Personal planning processes had improved significantly. People and their representatives were involved in developing and reviewing their personal plans. People's wishes, choices and preferences were reflected as well as their needs.
- Staff recruitment did not follow best practice guidance. This put people's health, safety and welfare at risk.

**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?	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 the progress towards meeting the requirement related to supporting people's wellbeing. Significant improvements had been made which improved people's outcomes and experiences. The requirement was met. We re-evaluated the grade awarded for this key question. Please see the "outstanding requirements" section of the report for details of our findings.

## How good is our staff team?

3 - Adequate

We made an area for improvement regarding staff recruitment at the inspection carried out on 22 April 2024. The improvements identified had not been addressed and this put the health, safety and wellbeing of people using the service at increased risk. Therefore we have made a requirement.

### Requirements

1. By 28 October 2024, in order to protect people's health, safety, and wellbeing, the provider must ensure staff recruitment and selection procedures reflect best practice guidelines. This includes complying with the Scottish Social Services Council (SSSC) Code of Practice which states that providers should '1.3 Ask for and provide accurate and appropriate references to share information relating to a person's suitability to work in social services.'

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

This is to comply with Regulation 4(1)(a) and (b) (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 care and support reflects the Health and Social Care Standards which state that that:

'People who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

## How well is our care and support planned?

4 - Good

We evaluated the progress towards meeting the requirement related to personal planning. Significant improvements had been made which improved people's outcomes and experiences. The requirement was met. We re-evaluated the grade awarded for this key question. Please see the "outstanding requirements" section of the report for details of our findings.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 24 June 2024, In order to protect the health, safety, and wellbeing of people using the service, the provider must ensure relevant information regarding people's health care needs and conditions and past medical history is available to staff. Contact details for relevant health professionals must also be available and kept up to date. This is to provide practice guidance and information for staff and ensure appropriate medical support can be arranged as required.

This is in order to comply with Regulation 3, 4 (1)(a), 2 (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services).

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).

**This requirement was made on 22 April 2024.**

#### Action taken on previous requirement

The provider had undertaken a review of the information available to staff regarding the health and care needs of people using the service. We were pleased to find significant improvements were made. The improvements demonstrated the provider's knowledge, understanding and previous clinical and social care experience.

Detailed guidance had been developed to inform staff's practice. This included details about people's past and current medical history and the impact on people's health, safety and wellbeing. Information about specific support staff were responsible for providing was person-centred and person-specific. This included catheter care, support with moving and handling and stoma care.

Communication between the service and people using the service and their representatives and relatives was open and collaborative. People and their representatives developed health and care guidance to inform staff's practice. An example of this was the development of eating and drinking guidelines, based on an assessment by speech and language therapy, by a person's representatives. Although a copy of the guidelines was available for staff in the office, we asked the provider to ensure a copy of the guidelines was available in the person's home. This was to ensure safe, consistent and person-centred care and support.

When the service was starting up, the directors provided people's care and support. Warm, positive and trusting relationships were established. People told us they were always pleased to see members of the leadership team who continued to work alongside staff on a regular basis. This provided people with reassurance and comfort when being supported by new staff. People were confident the directors knew them well and understood how they wished their support to be provided. As the service grows, this will

become increasingly difficult to sustain. However, the provider said they plan to recruit senior carers who will take on a practice lead and support function.

People and their representatives were very happy with the care and support they received. Supportive and caring relationships had been developed between people using the service and staff. One person told us they "looked forward to seeing the girls" as they made them feel good. A representative told us their relative was cheerful and relaxed and had a smile on their face. They felt assured that their relative felt safe and content and enjoyed the support from staff. People told us they experienced kind and compassionate support. Staff were chatty and put people at their ease when receiving support. This was particularly important when people were supported with personal care. We were confident that people were experiencing good outcomes as a result of using the service.

Contact details for relevant health professionals were available for staff. This ensured staff could seek medical advice and guidance in response to concerns. We noted appropriate referrals were made to health and social care professionals. People's representatives told us staff communicated with them regarding any health concerns and actions needed or taken. Representatives felt informed and involved and provided reassurance. The provider was trying to access copies of Adults with Incapacity documentation such as welfare and welfare power of attorney to ensure staff were complying with the powers granted. This was proving challenging and the service were being supported to take this forward by social work.

We were satisfied that this requirement was met. People's outcomes and experiences had improved and risks to people's health, safety and wellbeing had reduced. We re-evaluated and amended the grade we awarded this key question.

## Met - within timescales

### Requirement 2

By 24 June 2024, in order to protect the health, safety, and wellbeing of people using the service, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively. In order to achieve this, the provider must:

- a) ensure effective leadership and management of the service ensures people's needs, rights, and wishes are met and respected;
- b) ensure quality assurance and oversight of the service is responsive and effective. This must include audits to monitor and check the quality of the service which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay;
- c) ensure that people's views, suggestions and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences; and
- d) ensure a continuous improvement plan evidences that the care and support provided meets the assessed needs of service users and that they experience positive outcomes on an ongoing basis.

This is in order to comply with Regulations 3 and 4(1)(a) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 22 April 2024.

### Action taken on previous requirement

We spoke with people using the service and their representatives, as appropriate. The feedback we received was universally positive. People told us members of the leadership team, who were also directors of the company, were committed to ensuring people experienced good outcomes as a result of using the service. Relationships had been established when people's services commenced. This was because the directors of the company had provided all care and support when the company was starting out. People were clear that members of the leadership team understood their needs, wishes and choices. People valued the approachable, accessible and flexible leadership of the service. One person told us a director provided their care and support to accommodate early hospital appointments. People told us nothing was too much trouble.

The provider was developing strong, respectful relationships with fellow health and social care professionals. The provider was both proactive and reactive in response to changes or concerns about people's needs. This included making referrals to relevant health professionals and requesting additional support hours from social work when people's needs changed or increased.

Staff felt well supported by members of the leadership team who were accessible and approachable. They felt able to talk to their line managers about work and personal issues. The supportive and encouraging approach helped staff settle in to the service and feel valued. The culture of the service was open and positive.

The provider had worked very hard to identify and develop the quality assurance systems and processes needed to ensure they had oversight of the service. This was to safeguard people's health, safety and wellbeing. The processes and tools developed by the provider were robust and well researched.

A service development/ improvement plan was developed. Quality assurance audits such as care plan and PPE audits and checks were carried out on a regular basis. Quality assurance was being carried out by members of the leadership team and ensured people received safe, effective and consistent support that reflected best practice.

Service satisfaction questionnaires were sent to people using the service and their representatives, as appropriate. Responses were analysed and a summary report was developed. However, the results were not shared with respondents. The provider should ensure people using the service and their representatives are informed of the actions the provider will take to address feedback. The provider should provide opportunities for people to provide feedback about their service on a regular basis. This is to ensure people can make decisions and choices about improving their service. Feedback should be gathered in accessible and person-centred ways. People told us they were able to share their views when members of the leadership team visited. We suggested these conversations should be recorded and include agreements made and actions taken in response to feedback.

We were satisfied that this requirement was met. The quality assurance processes and tools were of a good quality. However, these were developed very recently and completed copies of tools such as staff induction workbooks were not yet available. We look forward to evaluating the impact of the quality assurance systems on people's outcomes and experiences at the next inspection.

### Met - within timescales

## Requirement 3

By 24 June 2024, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to supporting people who experience stress and distress. In order to achieve this, the provider must:

- a) carry out staff training needs analysis on regular basis;
- b) ensure the content of training is person-centred to the needs of people using the service;
- c) develop and implement systems to ensure learning is transferred into practice; and
- d) ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

**This requirement was made on 22 April 2024.**

### Action taken on previous requirement

The provider had carried out a training needs analysis. This ensured training was provided to enable staff to meet the range of people's care and support needs. This should be reviewed regularly as people's needs change. This is to preserve people's health, safety and wellbeing.

We evaluated the service training matrix and training plan. Training was provided in a variety of formats. The majority of training was completed by staff online. Face-to-face training was provided for moving and handling and using equipment and stoma care. The training plan was overseen by directors to ensure staff completed training and refresher training timeously.

Staff we spoke with could not identify any gaps in their learning. They were confident that any requests for new or refresher training would be granted. People using the service and their representatives were confident that staff had the skills and knowledge to care for and provide their support.

Staff practice observations were carried out to evaluate staff's ability to transfer learning into practice in person-centred ways. This included assisting people with moving and using equipment. The provider should further develop these processes to record areas for improvement identified and how and when these are addressed. The provider should develop a variety of tools and approaches to satisfy themselves of staff's competencies. This could include staff practice reflection tools and feedback from people using the service, representatives and professionals.

Staff told us supervision meetings were now being facilitated. These meetings were valued as opportunities to discuss their progress, learning needs, reflect on their practice and seek support and guidance. A supervision tracker plan had been developed to ensure staff had access to regular support. We encouraged the provider to record instances of informal and group supervision delivered on an ad hoc basis.

Staff had the opportunity to attend team meetings. Local team meetings took place on a regular basis. These meetings involved staff working in a specific area and focused on the care and support provided for people using the service in this area. Whole team meetings were less regular. The provider should ensure



whole team meetings do not discuss people using the service. Staff should only have access to information about the people they support directly. This is to safeguard people's privacy, dignity and confidentiality.

WhatsApp groups were set up to improve communication between staff in local teams. Separate groups had been set up for Fife, Falkirk and Perth and Kinross teams. This was in response to feedback from relatives. Staff valued these forums as they could access guidance and support from colleagues and members of the leadership team.

Training needs we identified during the last inspection remained outstanding. Members of the leadership team had a working knowledge of Adults with Incapacity legislation. However, staff should be aware of the fundamental principles of the Adults with Incapacity Act and how people can be supported when they no longer have capacity to safely make their own decisions and choices. Members of the leadership should improve their knowledge and understanding of safe staffing legislation and best practice as a priority. This is to safeguard people's health and welfare.

We were satisfied that this requirement was met. However, developments should continue to assess staff's competencies and improve people's outcomes and experiences.

### Met - within timescales

#### Requirement 4

By 24 June 2024, the provider must protect the health, welfare and safety of those who use the service. Personal plans must reflect people's needs, wishes and choices and uphold their dignity, and rights. In order to achieve this, the provider must:

- a) ensure people using the service and/or their representatives are involved in developing and reviewing their personal plans;
- b) ensure people have access to a copy of their personal plan in a format that is accessible to them;
- c) ensure personal plans reflect people's current assessed needs with priority given to people's health care; needs and stress and distress;
- d) identify, assess and mitigate risks to people;
- e) ensure personal plans detail how people need and wish to be supported to meet their needs; and
- f) evaluate personal plans on a regular basis to ensure they remain effective.

This is in order to comply with Regulation 3, 4 (1)(a),(b) and 5 (1), (2)(a),(b),(c),(d) 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:

'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 requirement was made on 22 April 2024.**

#### Action taken on previous requirement

The provider had carried out a review of people's personal plans. We noted significant improvements in the content, monitoring and evaluation of personal plans.

People and their representatives, where appropriate, were involved in developing and reviewing their personal plans. This meant personal plans were person-centred and person-led. Plans reflected people's choices, preferences and routines. People felt in control of their care and support and preserved their sense of identity and self esteem. Details of people's life history, interests and achievements had improved. This information provided a positive "picture" of people and facilitated conversations between staff and people who were living with dementia and other cognitive impairments. This helped build and maintain positive relationships and improved people's outcomes. We noted two different personal planning templates were currently being used. The provider was trying to decide which format suited people and the service best. We urged the provider to decide upon a template timeously to reduce the risk of confusion and inconsistent practice.

Personal plans reflected people's current needs and demonstrated good values and it was apparent that people were positively regarded. Personal plans were based upon assessments carried out with people by social workers and health professionals. An assessment was also carried out by the provider to ensure staff had the skills, abilities and knowledge to meet people's needs. Assessments were reviewed regularly to ensure they continued to reflect people's needs.

Individual support plans were developed to address people's specific needs such as personal care and eating and drinking. Plans reflected people's usual routines, choices and preferences. Plans focused on people's strengths and what they could do for themselves. This maintained people's skills, abilities and independence. People were offered a copy of their personal plans which could be provided in individualised, accessible formats.

Risks to people's health, safety and wellbeing were identified. Plans were put in place to mitigate the risks identified. We encouraged the provider to inform representatives, social workers and health professionals of residual and emerging risks. This is to ensure additional support can be provided to minimise risks.

Personal plans were reviewed and audited on a regular basis. Personal planning was currently the responsibility of members of the leadership team. This may change with the recruitment of senior carers and development of the role.

We were satisfied that this requirement was met. We were confident personal planning would continue to develop and improve. Therefore, we re-evaluated and amended the grade awarded for this key question.

**Met - within timescales**

## 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

In order to protect people's health, safety, and wellbeing, the provider should ensure staff recruitment and selection procedures reflect best practice guidelines. This includes complying with the Scottish Social Services Council (SSSC) Code of Practice which states that providers should "1.3 Ask for and provide

accurate and appropriate references to share information relating to a person's suitability to work in social services".

This is to ensure that care and support reflects 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 22 April 2024.**

#### Action taken since then

Recruitment and selection of staff generally followed best practice guidance. Application forms were completed and robust interviews were carried out. Interview notes demonstrated the use of values-led questions to assess an applicant's suitability to support people using the service. Identity checks and right to work in the UK were verified. Several applicants were recruited from overseas and the provider followed UK Government advice to ensure they were complying with legislation and guidance.

During the last inspection we found copies of references were not always available in people's recruitment files. We gave the provider time to supply the references. We identified references as an area for improvement.

We evaluated the staff recruitment records and were concerned to find the improvements were not made. The provider's recruitment policy stated that references should be provided by the current or most recent employer. The provider did not follow their policy and references were taken up from people/ companies not included in the applicant's employment history. Gaps in the applicant's employment history had not been followed-up. There was no record of the applicant ever working for the company providing a reference.

The provider told us they had requested references as directed by the applicant. However, information was not cross referenced to ensure that the references provided were appropriate, reliable and accurate. This put the health, safety and wellbeing of people using the service at risk. Therefore, we commuted the area for improvement to a requirement. Please see the "How good is our staff team" section of this report.

## 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
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	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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