

## Blackwood Care - St. Leonard's Court Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 March 2025

**Service provided by:**  
Blackwood Homes and Care

**Service provider number:**  
SP2003000176

**Service no:**  
CS2004068843

## About the service

Blackwood Care - St. Leonard's Court is part of a national not for profit charity organisation that provides support to people with physical disabilities, learning difficulties and older people.

Accommodation is provided on an individual tenancy basis with additional care and support hours for each individual person dependant on their assessed and agreed packages of care. Support is provided to people living in their own homes and ranges from personal care and support with medications to socialisation and community engagement.

At the time of our visit 16 people were supported by the service.

## About the inspection

This was an unannounced follow up inspection to review requirements made following complaints upheld, which took place on 13 March 2025 at 10:15 and 15:30. 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 inspection. We spoke with one team leader, two staff members and two members of the management team and we reviewed documents.

## Key messages

To ensure the health, safety and wellbeing of people receiving support, the service provider must ensure that their staff handle medication safely.

The service provider must ensure that each person receiving a service has an up to date personal plan that sets out how their health, wellbeing and safety needs will be met.

To ensure people and their relatives have confidence in the service provided, the service provider must adhere to their complaints policy.

To ensure people and their families have confidence in the service provided, the service provider should improve their record keeping practices when supporting people with their personal finances.

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

## Requirements

### Requirement 1

By 10 January 2025 , the service provider must ensure that their staff handle medication safely. This is to ensure the health safety and wellbeing of people receiving support. In order to do this, and as a minimum, the service provider must:

- a) ensure that each person receiving the service has an up to date personal plan that details how staff will support them to take their medication safely.
- b) ensure that staff support each person receiving the service to take their medication in accordance with their prescription.
- c) ensure that staff maintain accurate and comprehensive medication administration records in relation to each individual receiving support.
- d) ensure there are clear protocols in place to support individuals to take their medication safely when attending activities out with their home environment.
- e) ensure that management implement an ongoing quality assurance system for reviewing medication administration records.
- f) provide evidence that all staff involved in supporting people to take their medication have participated in relevant training and are competent in the safe handling of medication.

**This requirement was made on 14 November 2024.**

## Action taken on previous requirement

We reviewed care plan and medication documents. We noted care plan records accurately reflected information recorded in the medication administration recording records.

Team leader weekly medication audits were consistently taking place, where discrepancies were identified follow up actions were in place.

We viewed staff training and quarterly medication competency records which confirmed staff had been assessed as competent to administer medication.

Team meeting minutes and staff supervision records confirmed discussions had taken place with staff regarding the importance of safe handling, storage and recording of medications.

Good progress had been made to ensure staff handled people's medication safely.

## Met - outwith timescales

### Requirement 2

By 10 January 2025, the service provider must ensure that each person receiving a service has an up to date personal plan that sets out how their health, wellbeing and safety needs will be met.

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

- a) put in place a personal plan for each person receiving care based on a comprehensive assessment of their needs, wishes and choices.
- b) maintain accurate, detailed personal planning records that reflect the planned support and the actual support delivered to each person who receives the service.
- c) ensure that personal plans are reviewed and revised when there is a change in the condition of an individual's health, or in their support needs.
- d) ensure protocols are in place to guide and support staff in meeting individual's needs. These should include but are not limited to safe alcohol consumption.
- e) ensure management implement an ongoing quality assurance system for reviewing and evaluation of personal plans/records and actions to be taken.

**This requirement was made on 14 November 2024.**

## Action taken on previous requirement

We sampled care plan records, we noted all sections of care plans had been updated and reviewed to reflect people's current needs. We spoke with the registered manager who acknowledged our previous discussion regarding staggered review dates for separate sections of care plans, these were now unified.

We viewed a sample of team meeting minutes and staff supervision records, these confirmed there had been ongoing discussions with staff about the importance of accurate recording of information.

We sampled daily customer record audits for January, February and March 2024. We were reassured when there were gaps in recording of notes and to support runs team leaders had been proactive in addressing the issues and ensuring follow up actions with staff.

## Met - outwith timescales

### Requirement 3

By 10 January 2025, the care provider must adhere to their complaints policy and ensure they have accurate up to date records of:

- a) all verbal/written complaints being acknowledged
- b) records of all complaint investigations
- c) records of any action taken in response to complaints raised
- d) records of responses to complainants confirming the outcome of the investigation and any follow up actions.

**This requirement was made on 14 November 2024.**

#### Action taken on previous requirement

Since our last visit to the service no further complaints had been made. We viewed staff meeting minutes and notes of staff supervisions these confirmed discussions had taken place with staff about the issues highlighted in the complaint we investigated.

We spoke with staff about the complaints process. Whilst service management had discussed the issues of the complaint made, we were concerned staff were unable to demonstrate a full understanding of the complaints process and what constituted a complaint or a concern.

During a discussion with management we were told there had been ongoing discussions at an organisational level about their compliments and complaints processes. It was acknowledged there was a need to review current systems and to refresh staff training, this was a work in progress.

We were unable to fully assess progress made as no complaints or concerns had been logged since our last inspection. We have agreed to extend the requirement until 1 July 2025.

**Not met**

## 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 ensure people and their families have confidence in the service provided, the service provider should improve their record keeping practices when supporting people with their personal finances. To support this the service provider should ensure all staff are aware of and adhere to the organisations management of care customers' finance policy. In addition the service provider should ensure there is clear guidance in place for staff to follow when there are partner agencies involved in supporting people with their financial expenditure.

**This area for improvement was made on 14 November 2024.**

## Action taken since then

Since our last visit the registered manager had ensured there was clear protocols in place for staff to follow when supporting people with their personal finances. Records viewed confirmed all staff had read the management of customer finance policy.

We sampled weekly personal finance audit records for January, February and March 2025. These detailed the level of need individuals required with their finances, receipts were available from which to confirm expenditure of people's personal finances.

We noted appropriate procedures had not been followed when an incident had occurred relating to procedures to be followed when supporting a person with their finances.

We were satisfied this area for improvement was met.

## 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).

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