

## Reliant Solutions Ltd Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
5 June 2025

**Service provided by:**  
Reliant Solutions Ltd

**Service provider number:**  
SP2023000140

**Service no:**  
CS2023000217

## About the service

Reliant Solutions Ltd is a care at home service, providing care and support to people with a range of care needs, to live independently within their own homes.

The service has a registered office in Edinburgh and at the time of inspection, was providing care and support for people predominantly in the Falkirk area.

The provider, Reliant Solution Ltd has been registered to provide the service since 17 July 2023.

## About the inspection

This was an announced (short notice) inspection which took place from 30 May to 3 June 2025. The inspection was carried out by an 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 4 people using the service and 2 of their family
- Spoke with 5 staff and management
- Observed practice and daily life
- Reviewed documents

## Key messages

- People were happy with their support
- Recruitment processes required improvement as these were not following safer recruitment guidance
- Staff described the manager as supportive and available
- Quality assurance and the service improvement plan were good
- Personal plans required improvement, as these were lacking vital information

## 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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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?

## 3 - Adequate

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

We observed compassionate and caring interactions between staff and people experiencing care. Positive relationships had clearly been built. One person commented about the staff, "they are all lovely".

People were supported with a range of care and support based on their preferences and needs. This included support with their medication, making simple meals and personal care. People described being happy with the level of support they received and that staff were supportive of their health and wellbeing.

Staff appeared to understand their role in supporting people with their health and wellbeing, describing how changes in a person's needs and abilities would lead them to reporting this to their manager. With the manager contacting the person's next of kin or healthcare professional. This meant that people's changing needs or health were a focus of the staff.

Staff were clear on their responsibilities in terms of medication, however we observed medication being administered, where the independence and assessed needs of the person was not considered (see requirement one).

Health and wellbeing information was recorded and shared by the staff team, however information on medical conditions was limited within personal plans. This meant that people's health and wellbeing had the potential to be negatively impacted (see area for improvement one, under section 5).

### Requirements

1. By 15 September 2025, to ensure the health and wellbeing of people experiencing care, the provider must ensure that medications are appropriately managed.

To do this the provider must as a minimum:

- a) implement medication training for staff, that focuses on the different means to support people with medication
- b) implement processes that ensure people maintain their independence with their medication where appropriate
- c) develop and implement recording system that enable staff to record administration of medication appropriately
- d) implement reflective processes to support staff understanding of their responsibilities in terms of medication management

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 that care and support is consistent with the Health and Social Care Standards (HSCS) 3.14 which states, "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", and 2.23 "If I need help with medication, I am able to have as much control as possible".

### 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 developed and implemented a range of audits to ensure that processes were completed well, including time audits, staff training and medications checks. This ensured that people could be confident that the manager was monitoring staff practice.

The service had implemented staff practice observations. These included medication administration, and infection prevention and control. We discussed with the manager how these could be developed further. The manager agreed that additional area of practice were to be implemented. We'll follow this up at our next inspection.

Staff supervisions had been completed for staff. This ensured that staff had an opportunity to talk about their work and gain feedback from the manager. This meant that staff were encouraged to consider their practice and gain feedback.

Surveys of staff and clients had been completed. This enabled the manager to gain information on what was working well, and which areas of the service required some improvement. A training session had been developed to enable staff to be involved in developing a plan. This meant that staff were involved in ensuring a quality service was delivered and that they had a voice in developing the service as a whole.

The service had a development plan in place, which was detailed and gave an overview of the aspirations of the service and the actions required to improve the service. We discussed with the manager how this could be improved by including feedback from people and their desired outcomes as areas for development. The manager agreed to consider developing the plan further. We'll follow this up at our 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 was predominantly using agency staff, from the provider's other registered service. This had allowed for a consistent approach to staffing within the service, however did not enable the team to develop as there was no established permanent team. We discussed this issue with the manager who agreed that a stable permanent team was required. We will follow this up at our next inspection.

The service had started to implement recruitment processes to enable an established team to be employed, however some of these processes did not meet safer recruitment standards (see requirement one).

Staffing arrangements were managed well, with rotas developed which ensured that people's preferences of staff were respected wherever possible. Staffing was generally consistent for people. The manager had developed good rapport with people using the service and had developed a good understanding of the care and support needs of people. This enables the service to use the right staff, with the right skills to support people well.

Staff commented that they appreciated the support from the manager and other workers, however they would like to have a more established team to enable communication and team work to improve. Team meetings had been implemented virtually, however staff had given feedback that they would like to have face to face meetings at times. The manager agreed that this was an area of team development they were keen to implement.

## Requirements

1. By 15 September 2025, to ensure the safety of people experiencing care, the provider must implement recruitment processes that ensure compliance with recruitment guidance and codes of practice.

To do this the provider must, as a minimum:

- a) ensure information on candidates employment history is appropriately checked
- b) ensure candidate references are appropriate and in line with safer recruitment guidance

This is to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the suitability of workers is consistent with SSSC Codes of practice for employers of social service workers. Code 1.3 "Ask for and provide accurate and appropriate references to share information relating to a person's suitability to work in social services".

## How well is our care and support planned?

### 3 - Adequate

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

Personal plans contained information related to the care and support required during the person's support time, with some details about their lifestyle and background. We discussed with the manager how this would benefit from more detailed descriptions of the support needed and personal preferences of the person. We will follow this up at our next inspection.

Information about people's health and wellbeing was limited, with no or very minimal information about people's medication and medical condition (see requirement one). This meant that some information was missing that could impact the care and support related to people's health and wellbeing.

Plans were written in an easily accessible format. People had a paper copy of their personal plans within their own homes, along with an electronic version that staff could access through their devices. This ensured that people and staff had access to the person's information as and when needed.

## Requirements

1. By 15 September 2025, the provider must ensure that information within personal plans contains relevant information on the health, welfare and safety needs of the person, to ensure people receive the appropriate care and support.

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

- a) ensure that all information is accurate within personal plans
- b) ensure all information related to people's medication and medical conditions is available within the personal plan
- c) ensure risks are assessed and are available within personal plans

This is to comply with Regulation 45(2)(b)(ii)(iii) 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), 1.15 which states, "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.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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