

## Baobab Ubuntu Care Service Support Service

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

**Completed on:**  
2 June 2025

**Service provided by:**  
Baobab Ubuntu Care Services Ltd

**Service provider number:**  
SP2022000262

**Service no:**  
CS2022000397

## About the service

Baobab Ubuntu Care Service is a privately owned company that is registered to provide care at home services to adults with learning disabilities and adults with autism in their home and in the community.

At the time of the inspection, the company was providing support to one person in West Lothian.

The service was registered with the Care Inspectorate in December 2022. This was the first inspection of this service.

## About the inspection

This was an announced (short notice) inspection which took place between 28 May and 2 June 2025. 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:

- Registration information
- Information submitted by the service
- Intelligence gathered since the service opened.

In making our evaluations of the service we:

- Spoke with people using the service
- Spoke with family members
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- People's quality of life had improved as a result of their care and support.
- People were supported to get the most out of life by staff who believed in their potential.
- Staff recruitment required improvement.
- The provider needed to develop robust quality assurance procedures.
- Staff required training in key areas.
- People's care plans were detailed but were not regularly updated.

## 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?	2 - Weak
How good is our staff team?	2 - Weak
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 made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of consistently achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People experienced compassionate, individualised care and support from a staff team they knew well. People had achieved significant milestones in their lives which had improved their quality of life. People and their families attributed these successes to the dedicated, autism focused, staff team. Comments included, 'they take the time to listen and truly understand' and 'I couldn't think of a better team and am very happy with [person]'s care.' This meant that people were supported to communicate in a way that was right for them, at their own pace, by staff who were sensitive to them and their needs.

People received prompt, reliable support with medication and application of creams however record keeping and procedures needed to improve. Medication administration records were clear and complete however there were not standardised procedures in place to monitor changes or manage stock levels. People's 'as required' medication did not have an accompanying protocol for staff to follow to ensure a consistent approach. Topical creams did not have an accompanying body map to ensure consistent application to the correct areas of the body. We asked the provider to review and implement formal procedures to improve these areas. This meant that people could rely on a small staff team to ensure effective and safe support with medication but in the absence of clear procedures for record keeping or auditing, any changes to the staff team could risk a negative impact to people's outcomes.

People's support was primarily provided by the management team, with occasional bank staff cover for absences. The management team's practice was of a very high quality, their knowledge, experience and approach maximised people's opportunities to learn and develop. Whilst this was very positive, there was a lack of formal structure to support a staff team to achieve the same standards and ensure people's experiences were consistently positive. This meant that people could rely on high quality care and support from a team they knew well, but they could not rely on the provider to ensure the same standard from all staff. The provider acknowledged the highlighted areas that needed to be addressed and were committed to improvement.

## How good is our leadership?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

The provider was not conducting any quality assurance activity. The provider was transparent about the lack of quality assurance and recognised the importance of implementing a robust process to ensure that care and support was provided in line with the Health and Social Care Standards. We discussed a minimum expectation of audits the provider should conduct, including care plans, daily notes, incidents, accidents, complaints, medication, moving and handling and staff records. This meant that people did not benefit from a culture of continuous improvement as the provider did not yet have robust and transparent quality assurance processes (**see requirement 1**).

The provider was unaware of the areas that the service needed to improve. The provider had not completed a self-evaluation of their performance based on the Quality Framework for Support Services and therefore did not have an improvement plan in place. The provider acknowledged that the inspection had highlighted a number of areas that needed to be addressed and made a commitment to improve. This meant that people could not be confident that they could consistently experience high quality care and support based on relevant evidence, guidance and best practice (**see requirement 1**).

## Requirements

1. By 10 December 2025, the provider must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety.

To do this, the provider must:

- a) Develop and implement regular, robust quality assurance audits.
- b) Analyse the results of audits to establish areas for improvement.
- c) Conduct a full self-evaluation, using a range of evidence sources and implement an improvement plan in consultation with people receiving a service, their representatives (where appropriate) and staff.
- d) Keep detailed records of all quality assurance activity.

This is to comply with Regulation 4(1)(a) (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) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

We were concerned about the quality of recruitment processes. We sampled a number of staff personnel files and found them to be incomplete. Full right to work checks had not always been completed. We asked the provider to perform these checks retrospectively and we saw evidence that all staff did have the right to work in the UK. We also had concerns with the quality of previous employment references and Protection of Vulnerable Groups (PVG) scheme membership records, however we were satisfied that staff in place at the time of the inspection were PVG scheme members. We discussed our concerns with the provider and asked them to improve recruitment processes in line with the National Safer Recruitment Through Better Recruitment guidance (**see requirement 1**). The provider was committed to making improvements. This meant that people were not yet able to be confident that staff who supported and cared for them had been appropriately and safely recruited.

Staff completed some online training, however key subject areas had not been covered, such as administration of medication and adult support and protection. Full-time staff were knowledgeable in these areas and demonstrated positive practice, however there was no evidence of their training or the wider casual staff team. There was also a lack of training in areas specific to individuals, for example autism or learning disability. We asked the provider to review their training plan, the quality of training provided and

subject areas available to ensure all staff have the relevant mandatory training (**see requirement 2**). The provider was committed to making these improvements. This meant that people could not be confident that their staff had access to important training and resources to be able to provide high quality care and support.

Staff had achieved their professional registration with the Scottish Social Services Council (SSSC), however most were not registered as working for Baobab Ubuntu Care Service. The provider did not have a clear overview of staff registration responsibilities and any conditions they may have to meet, such as achieving qualifications. We asked the provider to ensure all staff meet their registration obligations including applying within legislative timescales and maintaining appropriate records (**see requirement 2**).

Staff received regular supervision and participated in regular team meetings. There were clear records of discussions held and actions to be taken. There were examples where records had not been signed by the relevant people or where there was a lack of evidence of follow-up actions. The provider did not formally observe staff practice to ensure consistent high quality care and support. We asked the provider to introduce observations of staff administering medication, using Personal Protective Equipment (PPE) and performing moving and handling, ensuring clear, accurate records of feedback provided (**see requirement 2**). The provider was committed to making these improvements.

People experienced care and support from a stable staff team who knew them well. People were given up to four weeks notice of their staff rota and could rely on staff being on time. People and their families told us that staff had ample time to spend with them and were creative in their interactions. There were effective communication strategies in place, which ensured consistency of staff approach and contact with families. This meant that people could rely on experiencing care and support from staff they knew well and who worked well together.

## Requirements

1. By 10 August 2025, the provider must ensure their practices and procedures support safe and effective recruitment to keep people safe and promote positive health and wellbeing outcomes.

To do this, the provider must:

- a) Ensure practices and procedures comply with the National Safer Recruitment Through Better Recruitment guidance and organisational policy.
- b) Ensure accurate, detailed and complete records are maintained.

This is to comply with Regulation 9 (Fitness of employees) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. By 10 August 2025, the provider must ensure people's safety, health and wellbeing is protected through effective staff training, development and professional registration.

To do this, the provider must:

- a) Conduct a training needs analysis to identify training required for staff, including induction.
- b) Ensure staff complete mandatory training in adult support and protection, medication and moving and handling and refresh the training regularly.
- c) Ensure staff have training specific to individuals they support, for example, but not limited to, autism and learning disability.
- d) Plan and conduct regular observations of staff practice, including but not limited to, medication, moving and handling and the use of Personal Protective Equipment (PPE).
- e) Ensure staff achieve and maintain their professional registration with the Scottish Social Services Council (SSSC) in line with legislative timeframes and requirements.
- f) Develop and maintain detailed records of all of the above.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 4(1)(a) (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) 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).

## How well is our care and support planned?

## 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of consistently achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People's care plans were detailed and gave a sense of the person and what was important to them, rather than just support tasks. There was sufficient detail to promote a consistent, individualised approach from staff, so people could be confident of continuity of their care and support. Whilst this was positive, we found out-of-date information in people's care plans, which, if followed by staff, would compromise people's quality of life. We discussed this with the provider and asked that care plans be formally reviewed, involving relevant others, and updated at least every six months, in line with legislative requirements (**see requirement 1**).

People did not have adequate risk assessments in place. Whilst we did sample a detailed travel risk assessment that promoted a positive behaviour support approach, risk assessments for other situations or activities were missing. We discussed the importance of assessing, minimising and documenting risk and asked the provider to make improvements (**see requirement 1**). This meant that people's care and support did not benefit from a documented risk assessment and enablement approach.

## Requirements

1. By 10 August 2025, to ensure that people's care and support needs are met effectively, the provider must ensure that care planning, risk assessment and review processes are robust and detailed.

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

- a) Schedule, conduct and record care plan reviews at least every six months.

- b) Conduct, record and review risk assessments according to policy and best practice.
- c) Involve people, their families (where appropriate) and involved professionals in review processes and maintain accurate records of their involvement.

This is to comply with Regulation 5(1) and (2) (Personal plans) 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).

## 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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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