

Care Solutions Central Scotland Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
8 July 2025

Service provided by:
Care Solutions Homecare Limited

Service provider number:
SP2015012635

Service no:
CS2015343504

About the service

Care Solutions is registered to provide a housing support and care at home service to adults and older people with mental health, chronic conditions/disabilities, substance abuse and/or learning difficulties living in their own homes and the wider community.

The service provider is Care Solutions Homecare Ltd. Support ranged from 15 minutes to four hours per day for people living in Stranraer, Dumfries, Hamilton and Motherwell, and surrounding areas.

The registered manager works from the main office base in Stranraer and is responsible for co-ordinating the overall running of the service. Locality managers manage the staff teams who provide direct support to people.

About the inspection

This was a follow up inspection which took place on 8 July 2025 to review three requirements that were made from an upheld complaint. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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 management
- reviewed documents

Key messages

Information recorded in care plans provided detailed information about the support required. There were clear medication care plans with appropriate risk management plans and assessments in place to ensure people received the correct support with medication. Competency assessments and spot checks were completed with staff to ensure safe practice. A improved system was now in place to record information when someone is admitted to hospital together with the follow up actions, including the review of care plans and risk assessments when the person is discharged from hospital.

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

Requirements

Requirement 1

By 30 June 2025, people experiencing care must experience high quality care and support with prescribed medication. In order to achieve this, the service provider must ensure:

- a) when changes occur to the support people require, medication care plans and risk assessments must be reviewed and updated.
- b) all staff must complete medication training and be assessed as competent.
- c) if medication errors occur, a full investigation must be carried out with all identified staff and accurate records of actions taken.

This requirement was made on 30 May 2025.

Action taken on previous requirement

We sampled medication competency assessments completed with staff with areas identified for further improvement. Although no medication errors had happened since our investigation, we were satisfied the service now had in place a clear process about the action required when a medication error happens. Care plans had been updated to confirm the level of support people required with medication together with clear information about the medication. This included the name of medication, the purpose of medication/ what medication is being used to treat, any contraindications, the date when the medication commenced and any time specific or special instructions. This provides staff with clear, up to date information about the medication prescribed to people supported.

Families of people supported had access to the care providers app or a communication book, depending on their preferences, to allow oversight of the care and support provided. This offers reassurances to families as they are able to confirm the required support has been provided.

The service provider now has a system in place to record information when someone is admitted to hospital. Although no-one had been admitted to hospital since our investigation, we were shown a blank record which confirmed what information is to be recorded, including the follow up actions required when the person is discharged. This will ensure all care plans are reviewed and updated accordingly.

Met - within timescales

Requirement 2

By 30 June 2025, the service provider must ensure people experiencing care are supported safely when any equipment, such as hoists, are used to provide the support people require. In order to achieve this, the service provider must:

- a) ensure all staff have completed moving and assisting training, are up to date with refresher training and have been assessed as competent.
- b) carry out regular recorded spot checks to ensure all staff adhere to safe moving and assisting practice in accordance with the training completed.
- c) ensure when staff fail to follow safe moving and assisting practices, for example, when using a hoist, appropriate follow up action must be taken. This must include any additional training and competency assessments being completed before the relevant staff provide any further support with moving and assisting.

This requirement was made on 30 May 2025.

Action taken on previous requirement

We viewed training records which confirmed all staff had completed moving and handling training. In addition, we sampled a number of competency assessments and spot check records which had been completed with staff with appropriate follow up actions identified.

Care plans sampled provided clear and consistent information about the support people required with moving and assisting. Risk assessments and risk management plans, where relevant, had also been reviewed and updated accordingly.

To further improve the recording of information, the date the spot check was completed should be recorded on the document. In addition, any issues identified during the spot check, that the locality manager should be aware of, should be clearly recorded confirming the actions taken and date for completion.

Although there had been no concerns raised about staff not adhering to safe moving and handling practices since our investigation, we were satisfied a clear process was in place about the follow up actions required when any complaints, concerns or issues are raised or identified during spot checks.

Met - within timescales

Requirement 3

By 30 June 2025, the service provider must ensure all complaints and concerns are accurately logged, investigated and responded to in accordance with the service providers complaints policy and procedures.

This requirement was made on 30 May 2025.

Action taken on previous requirement

The care provider demonstrated the follow up actions taken to address the complaint that was investigated by the care regulator. We viewed information and were satisfied appropriate follow up actions had been taken.

In addition we viewed the follow up actions taken in response to an anonymous complaint received by the care regulator sent to the service provider for investigation. We viewed the action plan taken in response to the complaint and were satisfied the appropriate steps had been completed.

Although the care provider had not received a complaint direct to them, we were satisfied with the processes in place for managing complaints and this will be monitored as part of our ongoing scrutiny and assurance of the care service.

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

To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine;
- how much has been given including if a variable dose has been prescribed;
- the time of administration for time sensitive medicines; and
- the outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 5 October 2023.

Action taken since then

Not assessed at this inspection

Previous area for improvement 2

To ensure people benefit from person centred care planning, best practice guidance such as The Personal Planning Guide and Helen Sanderson's Tool should be referred to. The provider should review the personal planning system with particular focus on:

- evidence of involvement of person or representative,
- greater focus on goals/aspirations,
- development of future planning,
- inclusion of review minutes,
- health assessments and care plans are updated to reflect people's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 5 October 2023.

Action taken since then

Not assessed at this inspection

Previous area for improvement 3

To support better outcomes for people experiencing care, the manager should ensure Quality Assurance checks include;

- people's skin integrity should be assessed and monitored closely to ensure people are not at risk of poor

outcomes.

- analyse all falls, so learning and improvement can take place, to reduce the risk of future falls.

This is to ensure that care and support is consistent with 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 assurances processes' (HSCS 4.19).

This area for improvement was made on 5 October 2023.

Action taken since then

Not assessed at this inspection

Previous area for improvement 4

To ensure improving outcomes for individuals remains a focus, the provider should identify and prioritise improvement activities that will enhance person-centred care and support. This should include establishing and recording regular staff meetings and seeking the views of staff in relation to the involvement and evaluation of service improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 5 October 2023.

Action taken since then

Not assessed at this inspection

Previous area for improvement 5

The service manager should ensure that all information in personal plans remains up to date and relevant. Risk assessments should be routinely reviewed and evaluated clearly recording all risks highlighted and measures in place to minimize poor outcomes for individuals.

Health and Social Care Standards, My support my life;

2: I am fully involved in all decisions about my care and support.

2.24: I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

2.25: I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

3: I have confidence in the people who support and care for me .

3.14: 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.

This area for improvement was made on 29 November 2019.

Action taken since then

Where some personal plans reflected people's needs and wishes, some plans were missing information and should be updated to reflect changing needs. Assessments to reduce risk and ensure better outcomes for people remain an area for improvement.

This area for improvement had not been met and has been restated under key question one.

This area for improvement was made on 29 November 2019.

Action taken since then

Not assessed at this inspection

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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