

## Keane Premier Support Services Housing Support Service

Keane Premier Group  
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**Type of inspection:**  
Unannounced

**Completed on:**  
2 July 2025

**Service provided by:**  
Keane Premier Support Services Ltd

**Service provider number:**  
SP2013012187

**Service no:**  
CS2013319859

## About the service

Keane Premier Support Services is a combined housing support and care at home service which is provided to adults and older people living in their own homes. The service supports adults and older people with physical disabilities and/or learning disabilities and/or mental health problems living in their own homes. The provider is Keane Premier Support Services Ltd.

The service's office is based in Cambuslang, South Lanarkshire. At the time of the inspection support was being provided to 116 people living across Blantyre, Cambuslang, East Kilbride, Hamilton, Rutherglen, and the surrounding areas.

Support to people mostly ranged from a 30 minute daily visit up to 4 times per day. There are also larger support packages including social support and people supported 24 hours per day.

The registered manager co-ordinates the overall running of the service alongside a deputy manager. Team leaders locally manage the staff teams who provide direct support to people.

## About the inspection

This was an unannounced inspection which took place on 27 June - 1 July 2024 between 08:45 and 17:00 hours. The inspection was carried out by three 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 and spent time with 27 people using the service and 12 of their relatives
- reviewed 21 completed questionnaires (This included people using the service, relatives and staff)
- spoke with 22 staff and the management team
- observed practice by shadowing staff and visiting people in their homes; and
- reviewed documents.

## Key messages

- We saw warm and friendly interactions between staff and people who were being supported.
- People who were supported by a core group of staff benefitted from this arrangement.
- People's health and wellbeing needs were supported by effective monitoring and reporting.
- The service should continue to improve planning and communication to people on their scheduled support.
- Quality assurance of service delivery was taking place regularly to support good outcomes for people.
- The service had met the two of the areas for improvement identified at the previous inspection.
- From the findings of this inspection, we have made three areas for improvement.

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

### 1.3 People's health and wellbeing benefits from their care and support.

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with kindness and respect. There were warm and pleasant interactions between staff and people supported which highlighted the positive relationships they had with staff they knew well. Comments included "Staff have a genuine caring approach. It is clear they are aware of the level of support required." And "It means a lot as I wouldn't be able to have a life without this support." This showed people are treated with compassion.

People's health benefited from the care and support provided. There was improved independence for people through consistent, encouraging and safe support. The service and staff were responsive to changes in people's health needs and shared this information with the right people. For example, relatives, management team and health professionals. This ensured people received responsive timely care which supported their health and wellbeing. There was effective communication within the team, and staff were confident to raise any wellbeing concerns with the right people. This helped people's changing health needs to be supported effectively.

Some individuals shared feedback indicating that aspects of their care and support could be improved. We were told of times of inconsistency of familiarity with staff and agreed support times not always being met. Comments such as "Communication and considering the continuity of carer could be better" and "As only one carer at each support visit, having people my relative knows would be good". Ensuring people have consistency in their support provides people with comfort and supports their wellbeing. This is reported on further under KQ3 where an area for improvement has been made.

Medication recording systems were in place for people where required. This was reflective of good practice and showed that people were receiving the right support at the right time. Staff had received training, to support this task safely. People were supported to remain in control as much as possible with their medication. There was oversight of medication management which included audits, reporting of any errors and action taken when required. We were confident that people's medication needs were being regularly reviewed and monitored. This provided confidence that people were being supported with safe administration of their medication.

Risk assessments were in place for people, and we saw actions taken to minimise risk of harm. Staff supported people to remain as independent as possible, whilst also ensuring risks were reduced and their needs were met. Where technology or other specialist equipment was in place staff ensured people had access to this on each support visit. This supported people to keep safe.

Monitoring of people's support needs was well recorded. Daily notes of support were seen to be completed and most held person-centred detail. This meant staff and management were communicating the most up to date needs for people and support that had taken place. This provides reassurance people's needs were being met and any risk reduced.

## How good is our leadership?

## 4 - Good

## 2.2. Quality assurance and improvement is led well.

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us of some positive support they received from the management team. One person said, "The manager is always very helpful and flexible to help plan my relative's care." One staff member told us "My colleagues, team leaders and managers are very supportive, they have been wonderful."

The leadership team had a dedicated approach to driving improvement. A service improvement plan was in place which was reviewed regularly identifying some areas for improvement and actions taken. Whilst a service improvement plan was in place, consideration should be given to the use of self-evaluation tools to assess what is working well and what needs to improve (see Self-evaluation in adult care services (careinspectorate.com)). This would ensure all aspects of service delivery are part of the services improvement plan.

The service had implemented a new quality assurance process. There was a schedule for audits to be carried out in respect of aspects of service delivery and staff practice. This included adult protection, accidents and incidents, medication and observations of staff practice. There was evidence that the audits had been carried out as planned. Where areas for improvement were highlighted, actions to remedy issues were identified. The service should ensure analysis takes place for relevant audits. This ensures action is taken to address any themes or trends to keep people safe. **(See area for improvement one).**

There was a commitment to safeguarding of people. The service had responded to a range of incidents, including adult protection concerns, which highlighted the importance of strong internal processes. This had resulted in some people's care needs being assessed and changes being made to support their wellbeing. This proactive approach supports effective oversight and reinforces confidence in how the service manages and responds to important matters.

The service was effectively managing compliments, concerns and complaints they had received. These had been acknowledged, where appropriate investigated, with outcomes shared with people. Further analysis of compliments, concerns and complaints will allow the service to identify any potential themes and trends. This reassures people they feel heard, and the service is responsive.

Surveys had been undertaken with staff with plans for feedback to be analysed and actions identified by the leadership team. The service had planned dates to carry out surveys with people who receive support and their representatives. This allows people to be involved in evaluating the quality of the service. The service should ensure the feedback and actions, as a result of the surveys, are shared with people. This ensures that people experiencing care and support, their relatives and staff have reassurances of the planned service improvements.

## Areas for improvement

1. To support continuous improvement the provider should further develop how it analyses audit findings. This will assist in identifying patterns, themes and trends where action needs to be taken to promote positive outcomes for people.

This is to ensure 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?

## 4 - Good

3.3: Staffing arrangements are right, and staff work well together.

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We received some positive feedback about staff. Examples of comments included, "My carer has been with me a long time and I know that she knows what I need. I don't know what I would do without her." "Staff go above and beyond to support my relative (and ourselves as a family). They are flexible and try their best to help where they can." And "The carers are lovely; they always spend time talking to me and helping me." This helps people have confidence in the staff who provide their support.

Staff we spoke to told us they felt they worked well together and provided each other support in their roles. Staff working well together promotes development and positive outcomes for people being supported.

Other feedback from people raised some concerns they had over staffing arrangements. This related to staff being late, people not being informed of this and inconsistent staff providing their support. Comments included: "Staff appear stressed and rushed most of the time." And "I don't know all the staff that support me well."

The service was committed to create core teams of staff who knew people well to provide support. Schedules were planned in advance and travel time was reviewed regularly. However, we were told this can change due to vacancies and short notice absences resulting in limited or no travel time for staff. This could result in people not getting support at the right time for them. The service should continue to focus on recruitment alongside reviewing people's schedules of support and travel time. This will ensure people are getting consistent support from staff they know well to meet their health and wellbeing needs. **(See area for improvement 1).**

People received schedules, so they knew who was coming to provide their care and support. Most people told us if there were changes to this they were told in advance. One person told us "I get a rota regularly and it is really helpful." Some people told us they are not always told when there are changes. Consistent staffing and communicating changes to people reassures them of their plan of support. **(See area for improvement 1).**

Staff were recruited safely and the induction processes supported new staff in their role. Training and shadow shifts took place to allow staff to get to know people well. Staff told us they felt supported by management and their colleagues when starting in their role. Ongoing staff competency assessments took place to support staff learning and development. This included observations of key aspects of people's support and we could see examples of these being carried out with staff. This allowed management to acknowledge good practice and identify any further learning needs for staff to support people well.

Staff were competent and confident in their roles and undertook regular training and development opportunities at the service. This included service specific training courses such as epilepsy rescue treatment, motor neurone disease (MND) and multiple sclerosis (MS). This ensured that staff had the right skill set to carry out their work and support positive outcomes for people. There was a system in place to

monitor the appropriate registration of staff members. This meant that there was clear oversight of when registrations required to be renewed.

Staff received regular supervision and opportunity to attend team meetings and other wellbeing get togethers. We sampled staff supervision records and could see meaningful discussions had taken place. This was in relation to learning needs, focuses and any concerns. The service had plans to create a new appraisal document which will provide staff further opportunity to focus on their development. We did get some feedback that staff had not attended a team meeting in some time. The service plans to increase lunch and learning opportunities for staff to come together. By providing staff the opportunity to meet regularly ensures they are motivated and work well together.

The provider held employee of the month awards. Staff had the opportunity to nominate their colleagues for the positive impact they make to people's lives. One relative told us of two staff who won employee of the month after providing her relative with care in an emergency. This provided staff with recognition and appreciation of the support they provide to people.

### Areas for improvement

1. To support quality and continuity of care, the provider should continue to develop staff teams that promote greater consistency in staffing and reliability in support times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15).

## How well is our care and support planned?

4 - Good

5.1 Assessment and personal planning reflects people's outcomes and wishes.

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's personal plans provided a good level of detail to guide staff on getting to know someone well and support them safely. People and, where relevant, their families were involved in developing their personal plans. Examples showed us there had been communication that informed parts of people's personal plan. The service should ensure the plans detail up to date information in relation to people's life history, family life, passions, likes and dislikes. This ensures staff are aware of any life changes for people to support conversations and meaningful interactions with people. **(See area for improvement 1).**

The service held information on any legal agreements in place for people. This included detail of any legal representatives, agreements or documentation in place. For example, adults with incapacity certificates, guardianship or do not attempt cardiopulmonary resuscitation (DNACPR/ DNR/ DNAR). The service should ensure all agreements held online and in people's homes are signed. Where people held any legal status, we were told they were kept fully informed by the service. This ensures staff follow any guidance to keep people safe and the agreements respected.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's care needs were monitored regularly. Reviews captured the

involvement of people. Where people were unable to participate, their representatives helped share their preferences to shape their support. This helped ensure the right people were involved in leading and directing care and support.

People's needs were supported as there were effective support strategies in place. We found where people experienced stress and distress there were clear strategies for staff to follow to support the person during that time. These were personalised following the needs and wishes of people. This supported people to keep safe and be reassured by the support they received.

Outcomes for people were documented throughout personal plans. We could see outcomes were regularly reviewed and positive support provided to people to achieve their chosen outcomes. One person is currently being supported to fulfil their outcome of moving into their own home. The service should ensure people's plans are updated when required so there is not conflicting information. This ensures personal plans accurately reflects individual needs. **(See area for improvement 1).**

## Areas for improvement

1. In order for people to benefit from care that is person centred; the provider should ensure personal plans have appropriate detail. This should include but is not limited to:

- Personal plans held online accurately reflect the plans in peoples home and hold all relevant information
- Where there has been change in a person's life or needs this is reflected accurately in people's personal plan.

This is to ensure 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).

## 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 health and wellbeing, the provider submit timeous notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected."

**This area for improvement was made on 19 November 2024.**



**Action taken since then**

We found required notifications had been made timeously to the Care Inspectorate as required by our notification guidance. There was evidence of effective management of protection referrals where action had been taken and reviewed to keep people safe.

This area for improvement has been met.

**Previous area for improvement 2**

To support people's health and wellbeing the provider should ensure personal plans include detail of any legal representatives, agreements, or documentation in place.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: "I experience high quality care and support because people have the necessary information and resources."

**This area for improvement was made on 19 November 2024.**

**Action taken since then**

Personal plans documented any legal agreements in place for people. This included detail of any legal representatives, agreements or documentation in place. The service should ensure all agreements held online and in people's homes are also signed.

This area for improvement has been 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).

## Detailed evaluations

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How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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