

CarePlus Housing Support Service

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Type of inspection:
Unannounced

Completed on:
10 June 2025

Service provided by:
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About the service

CarePlus is an independent care organisation providing support to people in their own homes on the Isle of Bute, the Isle of Luing and the Isle of Seil. The service offers housing support and care at home for adults and older people.

The service operates from office premises in Rothesay.

About the inspection

This was an unannounced inspection which took place on 22, 23, 26 and 27 May 2025 with visits to the service. We completed the inspection virtually. Feedback was provided on 10 June 2025. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 18 people using the service and five of their family, nine people also responded to our survey
- spoke with 12 staff and management, 13 staff also responded to our survey
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People spoke well of the staff who supported them, that helped people feel comfortable and at ease.
- People experienced care which was dignified and respectful.
- Care plans and risk assessments needed to improve as they had the potential to impact on the care delivered.
- Quality assurance systems and processes were not always effective in improving outcomes for people.
- Training should be reviewed to ensure all staff complete the required training for their role, ensuring people are supported by a skilled and knowledgeable staff team.

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

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

During the inspection, we visited people and contacted others by telephone. Overwhelmingly, people told us they felt well supported by staff. They spoke highly of staff and in a few cases acknowledged the enormity of the role of a carer. People acknowledged the importance of carers in their lives: 'Without them I would struggle' and 'They remember what I need and that makes a difference.'

People spoke of staff being friendly, approachable and kind when they visited. We also observed some very positive interactions between staff and people. Care was personalised, responsive and considerate. People were spoken to in a warm and chatty manner. Some people did not leave their home and as such the interaction with staff may have been the only time that they saw someone during the day. That was important for their mental wellbeing as well as their physical wellbeing.

Staff worked hard to ensure people got the medication they needed to keep well. Some people were not able to consent to their medication and treatment due to a cognitive impairment. Legal paperwork was in place to allow staff to support people whilst maintaining their rights. As such, we were confident that medication support was offered as required for people which kept them well.

However, we found that the workload attached to supporting people with their medication was high. That included dealing with GPs, pharmacy teams and ensuring medication was delivered to people's homes. It could take several hours to sort out a newly prescribed medication. That took leaders away from other important tasks. Leaders also carried out a lot of checks around medication which were time consuming and not fully required. Leaders should review how they deal with medication to ascertain if there are better ways of working with partner agencies to streamline the process or to streamline their own processes as required.

A few people were supported with meals and fluid intake. Staff offered people choices and also encouraged people to eat and drink to keep themselves well. It was positive to hear a member of staff suggesting increased fruit to eat to encourage good bowel health. A protocol was in place to use laxatives within a certain period. That meant that staff could respond to the person's wellbeing when needed.

How good is our leadership?

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.

It is important that services can be as good as they can be so that people can benefit from the support offered. Leaders need to be aware of what is going well in their service and what needs to improve. They should celebrate what is going well. All staff can then use such good practice to offer potentially better experiences to people supported.

However, things will not always go well but it is important that leaders know what is not working and what they can do to improve the service they offer to people. Improvement is not simply about sorting something out for one person. It is also about considering the issue, learning from it and changing practice across the service where needed. Care and support was not being consistently monitored in a way that could support learning, drive improvement or enhance the overall quality of care.

We sampled some audits in care planning and supervision. They focused on the plan or supervision document as a standalone audit. Leaders were not analysing the information to improve as a whole. Had they looked at auditing as a whole approach, they would have picked up themes and been able to look at improvement needed across the service (see requirement 1).

Some audits were checks on what paperwork was in the plan. That was important but it meant they were not checking the quality of the written work which was also important.

Annual surveys were in place where people could comment on the service offered to them. Leaders needed to develop the work and analyse results in a way in which they can respond properly to what was said. Leaders rightly acknowledged when people were happy with services but little was done to acknowledge and explore when people were unhappy. In a few cases they were aware of who had expressed a concern and they sought to rectify it on an individual basis. That lacked a lessons learned approach.

The electronic recording system used for rotas was not used effectively. Late visits were not fully recorded so leaders could not analyse how many visits were late in any one period and assess if changes were needed to the rota to minimise further issues. More worryingly missed visits were not apparent, that raised a risk that people could be left without care. The system also acted as a safeguard for staff, as such it should be better used. However, people's experiences regarding missed visits or late visits were certainly not on the level that the electronic system suggested. Leaders advised us of concerns regarding how well the technology supported their work. That was similar to the training recording system. Providers must ensure their systems are fit for purpose and that may include further training on how accessible the systems could be (see requirement 1).

Complaints were not well-recorded. We were not confident that leaders were recording them correctly and dealing with them as robustly as needed. That had the potential to impact on people who may not feel listened to and their care and support not being as they expected or needed. The local health and social care partnership had recently asked leaders to address a concern raised. It was not completed to a satisfactory standard (see requirement 2).

We were not confident that all records that needed to be kept by the service were kept and that meant that we did not always get sent notifications as required (see requirement 2).

Care staff must be registered with a relevant professional body. We found inaccuracies in the register. We were confident that staff will be correctly registered going forward. However, if checks had been robust, that situation would not have arisen.

Oversight of the service was lacking. There was a leadership team in place but they were often pulled into dealing with work which held them back from their role of leading. A service improvement plan had been put in place since our last inspection. However, it was not robust enough to support improvement (see requirement 1).

Requirements

1. By 30 September 2025, the provider must ensure that people are supported by a service which is well led and managed, by having a consistent focus on improvement and quality assurance processes.

To do this, the provider must:

- a) ensure regular quality assurance audits are conducted to evaluate and monitor service provision, including, but not limited to; care planning, training compliance, supervision, recruitment, missed or late visits
- b) analyse the results of audits to establish areas for improvement
- c) ensure the service improvement plan is actively used, regularly reviewed, led by management but shared with staff and people where relevant
- d) keep detailed records of all quality assurance activity.

This is to comply with Regulation 4(1)(a) 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).

2. By 30 September 2025, the provider must ensure that people are supported by a service which is well led and managed, by ensuring that learning from concerns and complaints and all reported incidents is in place.

To do this, the provider must:

- a) ensure that robust arrangements are in place to review, investigate and respond to significant events, including protection incidents when things have gone wrong in the service
- b) ensure notifications are made to the Care Inspectorate within the timescales set out in the guidance Adult care services: Guidance on records you must keep and notifications you must make, March 2025.

This is to comply with Regulation 4(1)(a) 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?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

Staffing was organised around people's assessed need. Those hours were derived from local authority commissioned hours and were reviewed by them. Leaders were able to report changes in people's needs but sometimes felt it could be difficult to have social work represented at care reviews to look at the support that a person may need (see How well is our support and care planned?)

People were complimentary about the staff who supported them. They described them in generally positive terms. Many recognised some of the recruitment challenges that existed in some areas. The local authority had also changed their practice in relation to access to care at home services. That had an impact on rota considerations. Leaders had to often juggle staff to ensure they were given their contracted hours. That added pressure to rota organisation.

People were generally supported by small staff teams. That meant that people were known by a group of staff who knew them well and could offer flexibility to cover shifts when staff were on leave. However, we asked management to look at a few situations where they should consider increasing the size of the team around people. That would help to ensure the availability of staff cover was in place and that people were confident that all staff could support them in the same manner.

Most people knew who would be coming to support them and the time they were due. A few people felt their weekend visits were less consistent. We discussed those with management. People's confidence in support is increased when they know who will visit and when they will visit.

A few people commented on the difference between experienced staff and newer staff who needed to develop their confidence and competence. New staff are essential to services progressing and it is important that leaders ensure they have the right training in place. Leaders must also ensure that they carry out observations of staff practice to confirm that they are satisfied with staff practice. We saw evidence of such checks taking place. However, leaders did advise that they would like to have more time to do more in this important area of work. We will look at this in our next inspection.

One family told us that they felt there was a lack of checks on staff competence on the Islands of Seil and Luing. "We feel they [management] are too far away - they are powerless, the hiring, firing, monitoring, observations, mentoring, encouraging staff." It is important that staff are afforded the same access to support regardless of the location that they work in. That had the potential to impact the quality of care provided to people and reduce their confidence in the service.

The provider used an online training platform as well as some face-to-face training. It took some time before leaders could access a training matrix (list of what training staff had completed/needed to complete). That should always be readily available. It ensures that staff do not support people unless they have the appropriate training in place. Leaders should be clear as to exactly what type of training staff should complete in order to support people safely and effectively (see How good is our leadership?)

People in Seil and Luing were most likely to experience the use of agency staff. There was a frustration with the lack of information given to agency staff to find house locations. As they noted, "surely even what3words/Google Maps pin could be used to help." That increased stress both to people waiting for staff but also for staff who struggled to find the address. Management should consider better ways of providing that information.

Checks were in place to support safe recruitment and ensure staff were suitable to be working within social care. We recommended guidance, Safer recruitment through better recruitment, for leaders to use. We found a few gaps in the required checks but were confident that the provider will ensure they increase the robustness of that work going forward. Leaders must refer to information from Disclosure Scotland and the Home Office to be clear that they follow legislation related to those bodies. There was a need for greater management oversight within audits of recruitment checks. Managers may not be involved in all aspects of recruitment. However, they do need to be satisfied that all checks are robust and support people's safety (see How good is our leadership?)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Most personal plans (also known as care plans) were well-written and contained important, up-to-date information about people. However, some care plans were more basic and did not explore who the person was and what was important to them. Those plans lacked sufficient detail to promote a consistent, individualised approach from staff. That risked the chance of care and support not being offered as was needed (see requirement 1).

In some cases, we found care plans that had not been formally reviewed for a considerable time. It is a legal requirement that they are reviewed every six months. In some circumstances, leaders had requested the presence of a social worker. It was not appropriate to hold back some reviews whilst waiting for social work. Leaders must escalate concerns regarding the absence of other professionals if they are critical to care planning (see requirement 1).

A review template was in place. It was good at looking at what people thought of the service such as whether staff were appropriate, kind and friendly. However, it did not fully explore whether people were getting the most out of their lives and achieving their goals. We could not be sure that reviews were picking up on changes in people's circumstances. That raised a risk that people weren't always going to get the most out of their life (see requirement 1).

Risk assessments were limited in terms of what they covered. Risk assessments were mainly recorded under the areas of moving and handling or medication. There was a generic risk assessment template which did not really tell staff much about risk. Leaders were stifled in their ability to look at what risks existed for individuals due to the template used. Staff could talk to us about people's risk around alcohol use but it was not recorded in care plans or risk assessments. People's reactions to stress and distress was not recorded as clearly as it could have been. Staff knew how to support people but that was through discussion and sharing information. That was not robust enough in terms of keeping people and staff safe (see requirement 2).

Requirements

1. By 30 September 2025, the provider must improve the quality of recording within care plans to ensure that people receive the right support at the right time. To do this, the provider must, at a minimum, ensure:

- a) each person using the service has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) personal plans contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c) six monthly reviews take place and are used to develop people's personal plans to reflect their changing needs and outcomes.

This is to comply with Regulation 5(2)(b) 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).

2. By 30 September 2025, the provider must improve the quality of recording within risk assessments to ensure that people receive the right support at the right time.

To do this, the provider must, at a minimum, ensure that risk assessments are up-to-date and relevant to individual people and must direct staff on current/potential risks and risk management strategies to minimise risks identified.

This is to comply with Regulation 5(2)(b) 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).

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

This area for improvement was made following a complaint investigation.

The provider should ensure staff adhere to the company's uniform policy and systems are in place to quality assure staff compliance.

This is in order to comply 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).

This area for improvement was made on 20 September 2024.

Action taken since then

During our visits, we observed staff wearing their uniforms. The leadership team carried out spot checks to ensure that staff were wearing their uniforms and badges. The office held a substantial stock of uniforms which staff could access.

We were satisfied that improvements had been made in this area of work.

This area for improvement has been met.

Previous area for improvement 2

This area for improvement was made following a complaint investigation.

The provider should ensure people are supported by well trained staff. To do this, the provider should, at a minimum, ensure:

- a) staff receive further training on dementia care and responding to stress and distress in dementia
- b) there is regular monitoring of staff competence and care practices.

This is in order to comply 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 20 September 2024.

Action taken since then

It had previously been recognised that staff had taken part in a basic level training but had not taken part in a higher level of training. It is important that staff have access to training which develops their knowledge and understanding to better support people.

We signposted the provider to the Promoting Excellence framework by NHS Education for Scotland and the Scottish Social Services Council. We discussed the responsibility for the provider to source specialist training which may also offer staff better learning opportunities.

There was evidence of the leadership team observing staff in practice. Leaders expressed a desire to do more of that work but were often held up completing other tasks associated with the running of the service.

This area for improvement has not been met.

Previous area for improvement 3

This area for improvement was made following a complaint investigation.

The provider should ensure that systems are in place to communicate with family/representatives regarding any incidents relating to the health and wellbeing of people supported by the service.

This is in order to comply with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 8 August 2024.

Action taken since then

We saw examples of such communication. An annual survey completed by people and families confirmed that they felt communication in this area of practice worked. We were satisfied that systems were in place and being used.

This area for improvement has been met.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

The provider should ensure that all complaints received are fully managed and responded to in line with the timescales set out within the service policy and procedure on complaint handling.

This is in order to comply with the Health and Social Care Standards which state that: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21).

This area for improvement was made on 3 August 2023.

Action taken since then

There was a process for recording concerns and complaints. However, we found that not all were recorded as such. That meant that the leadership team was unable to properly reflect on what people were telling them and to properly deal with it.

When things go wrong in a service, it should be seen as an opportunity to resolve the issue and to learn from it. We were not confident that was always happening.

This area for improvement is no longer in place and has been incorporated into a new requirement under How good is our leadership?

Previous area for improvement 5

This area for improvement was made following a complaint investigation.

To ensure people experiencing care and their representatives are shown respect and have adequate time to plan and support any termination of placement, the provider should:

- a) develop and implement a clear policy and procedure for responding to service termination decisions
- b) engage with all relevant persons at the earliest opportunity to ensure effective service transition to an alternate provider.

This is in order to comply with the Health and Social Care Standards which state that: "I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes" (HSCS 4.12).

This area for improvement was made on 3 August 2023.

Action taken since then

A policy and procedure was in place. There had been no reason to use it since the area for improvement was put in place. However, the expectation would be that it is used if needed.

This area for improvement has been met.

Complaints

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld.
www.careinspectorate.com

Detailed evaluations

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

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