

Adigo Care Housing Support Service

Adigo House
28 Longridge Road
Whitburn
Bathgate
EH47 0DE

Telephone: 07828919354

Type of inspection:
Unannounced

Completed on:
1 July 2025

Service provided by:
Adigo Limited

Service provider number:
SP2018013138

Service no:
CS2024000422

About the service

Adigo Care was registered with the Care Inspectorate on 12 November 2018. The service is registered to provide care and support to older people and adults with a variety of needs living in their own homes within Central Scotland.

The service operates from an office base in Whitburn. At the time of the inspection the service provided care and support to approximately 338 people. The structure of the service included a registered manager, team leaders, co-ordinators, a quality assurance officer and a team of carers.

About the inspection

This was an unannounced inspection which took place on 17, 18, 19 and 20 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 15 people using the service and six of their relatives or friends
- spoke with 11 staff and management and received feedback from 45 staff via a survey
- observed practice and daily life
- reviewed documents
- spoke with professionals involved with people who used the service.

Key messages

- Staff knew people well and supported them with dignity, compassion and respect, in line with their wishes and preferences.
- Improvements were needed to ensure support with medication was carried out and documented in line with best practice guidance.
- The management team were committed to the ongoing development of the service.
- Appropriate staffing was in place to ensure people's needs were met and staff worked well together.

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?	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?

3 - Adequate

We evaluated this key question overall as adequate, where strengths in terms of people's health and wellbeing only just outweighed weaknesses.

There were kind, respectful interactions between staff and the people they supported. Staff knew people well and were committed to supporting them in line with their needs, wishes and preferences. Staff showed patience and understanding, and demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. This meant that people experienced their care and support with compassion and dignity.

One person told us, *"The carers are all very nice - really helpful. We get on very well"* and another said, *"I enjoy them coming in - it breaks up my day and we have a good chat"*. Relatives told us that care and support was consistent and reliable and that staff were patient and caring towards their loved ones. This meant that people received meaningful and personalised support, and their wellbeing and sense of worth were enhanced as a result.

For some people, support with medication was not carried out in line with best practice guidance and there were inconsistencies over how medication was documented, with conflicting information throughout documents about people's assessed level of need. This meant that people could not be assured that their care and support was safe, appropriate and met their needs. We made a requirement about support with medication (**see requirement 1**).

Requirements

1.
By 23 September 2025, the provider must ensure people are confident they will receive safe, high quality medication support that is provided in line with each person's assessed level of need and that staff adhere to best practice guidance.

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

- a) ensure there is clear and consistent information about people's assessed support needs in terms of medication, throughout all relevant documentation including care plans, risk assessments and medication administration records (MARs)
- b) ensure staff are trained, knowledgeable, and assessed as competent in medication administration and recording and that there is evidence that this is reflected in their practice
- c) ensure support with medication is appropriately and accurately recorded and effectively audited
- d) ensure that all relevant medication is documented appropriately on MARs, including details of time-critical, time-limited and 'as-required' medication.

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 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); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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.

There were a range of audits in place, and observations of practice were being carried out regularly. Feedback from people and their relatives was being gathered on a regular basis to ensure that support was being delivered in line with people's care and support needs and their wishes and preferences. The management team were committed to the ongoing development of the service, however, some improvement was needed to ensure that actions from audits were recognised and documented to inform improvements.

Most staff felt supported by the management team and we heard examples of staff being supported on both a professional and personal level.

Formal complaints were appropriately handled, however, concerns raised were not always adequately documented, investigated and responded to in line with best practice guidance. We discussed this with the service and made an area for improvement about this (**see area for improvement 1**). This would ensure that people using the service felt that they were listened to and concerns or complaints were appropriately dealt with.

Areas for improvement

1.

The provider should ensure complaints and concerns are handled, recorded and resolved in a transparent and professional manner, and the complaints policy updated to clearly define what is considered a complaint or concern. This should ensure that people using the service feel their concerns are dealt with in a fair way with no negative impact on service delivery. The provider should also ensure that key staff have training about complaint handling and have a consistent approach to implementing the policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

How good is our staff team?

4 - Good

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

Staff worked well as a team and shared skills and knowledge to ensure people were supported consistently and confidently. Support to obtain qualifications provided additional opportunities for the development of staff and resulted in improved outcomes for people. Feedback about staff was very positive with people complimenting staff on their approach and kindness. Most people felt they were reliable and arrived at their preferred visit times.

New staff completed comprehensive induction training which included the opportunity to 'shadow' experienced staff while they learned how best to support each person. Training and observations of practice were in place to ensure that staff were skilled and competent and supervisions and team meetings were held regularly.

Appropriate staffing was in place to ensure people's needs were met and staff worked well together to ensure consistent support was provided to people. Most people told us they had a regular staff team and knew their staff well. A few people said they had a lot of different staff at times, mainly when their regular carer was off. We discussed with the service that communicating changes to people could be improved and we have made an area for improvement about this (**see area for improvement 1**).

Staff told us they really enjoyed caring for the people they supported. Most staff said they felt supported to do this by the management team. However, several members of staff said that they did not feel supported, valued or listened to by office staff. All staff spoke enthusiastically about building relationships with the people they supported and it was evident that staff valued each other and respected each other's strengths, skills and knowledge.

Areas for improvement

1.

The provider should ensure that people are communicated with about changes to their care and support, wherever possible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say in who provides my care and support' (HSCS 3.11).

Complaints

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

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.