

## UVIP Care at Home Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 August 2025

**Service provided by:**  
FEHM Logistics Limited t/a UVIP  
Recruitment

**Service provider number:**  
SP2019013378

**Service no:**  
CS2023000356

## About the service

UVIP Care at Home provides a service to adults including older people in their own homes and in the community. Their office base is in Aberdeen, they support people in Aberdeen City and Aberdeenshire. At the time of the inspection they were supporting one person.

## About the inspection

This was an unannounced inspection which took place on 7 and 8 August 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 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 one person using the service.
- Spoke with two staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- The service was well organised and managed.
- The service user was happy with the carers.
- The staff were well trained and supported.

## 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

People's wellbeing was supported at a good level with apparent strengths that contributed to good outcomes for people.

There was a relaxed atmosphere in the service user's house when the carer was there, and there appeared to be a good relationship in place.

The medication for the service user was handled effectively and in line with their wishes and needs. Any drinks (or food) were offered regularly and the carers ensured the service user was comfortable.

The emphasis was on the service user doing what they could and the carers adding in when asked or required. This was enabling for the service user.

The carers worked alongside the family and the support they were involved with, so the service user achieved the balance that they wanted.

The service user said that they could let the carers know what they needed and it was done.

## How good is our leadership?

4 - Good

We evaluated this key question as good, with apparent strengths and few areas for improvement.

The manager had been responsive to feedback from the last inspection and this has shown benefits with a comprehensive suite of documents ready to be used.

The manager knew the service well and was aware of all that was happening. This meant any areas that would need improvement could be identified early and improved.

The documents connected well together, for example there were clear records to track training, staff competency and support. There was training and then observations of staff competency. This was followed by 1:1 sessions where good practice and development needs were discussed, and then appraisals to confirm how everyone was performing.

Other areas of the service were audited regularly, for example the care plans. This enabled further understanding of how well the service was running. Also, the manager used a self evaluation tool based on Care Inspectorate standards to assess how well they were doing. These measures combined meant that the service was running at a good standard. Areas that had been identified for improvement were noted on an improvement plan, which then tracked progress towards completion, and this showed an ethos of continuous improvements which is good for service users.

**How good is our staff team?****4 - Good**

This key question was evaluated at a good level.

The staff team was small because there was only one client, and this also meant there was not a great need for consideration of deployment of the staff. The staff were well trained, and worked their shifts consistently. The service user we spoke to said that the carers were good and she had no complaints.

The quality assurance and organisation (mentioned in section 2 of this report) should ensure a good standard is maintained when more clients and staff are involved in the service.

**How well is our care and support planned?****4 - Good**

This key question was evaluated at a level of good. There were clear strengths and few areas that needed improvement.

There was only one plan in use (because there was only one service user). The wishes of the service user were easy to see running throughout and also those of her family. The plan described wishes as well as needs and there was clear guidance for how the support needed to be delivered. This enabled the carers to know what they were required to do. The service user confirmed that the carers knew her needs and preferences.

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

### Requirements

#### Requirement 1

By 21 April 2025, the provider must ensure positive outcomes for service users by effectively demonstrating that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

To do this the provider must:

- a) Ensure that documentation and records are accurate, sufficiently detailed and organised and reflective of the care/support planned or provided.
- b) Ensure that all risk assessments, to safeguard people, are accurate and updated regularly.
- c) Ensure that where appropriate, guidance on individual medication administration is in place and in line with their assessed needs and wishes.
- d) Ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.

e) Be able to show evidence of regular monitoring and evaluation of records, to demonstrate that staff have a clear understanding about their role and responsibilities and can demonstrate this through their practice.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (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:

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2); and

'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 requirement was made on 6 March 2025.**

### Action taken on previous requirement

The care records were sufficiently detailed and provided staff with effective guidance on how to support service users. There was a comprehensive suite of documents; daily notes, risk assessments eg., for medication and moving and handling and home environment, client pre assessment forms. These were organised well in the client folder and agreed with what the client told us they wanted or needed.

The individual medication records were clear and easy to follow. They contained all necessary information and, again, agreed with what the client told us they wanted or needed.

There was monitoring of the recorded needs and also of staff practice including discussion about their work which helped staff be clear that they were carrying out their role competently.

### Met - within timescales

## Requirement 2

By 21 April 2025, to promote the safety and wellbeing of people the provider must at a minimum:

- a) Ensure appropriate risk assessments and support plans are developed to safeguard people's wellbeing.
- b) Ensure all accidents and incidents are appropriately recorded and actioned.
- c) Ensure all staff are fully aware of their roles and responsibilities regarding safeguarding people and Adult Support and Protection.
- d) Ensure the Care Inspectorate is notified of any and all adverse incidents , accidents and adult support and protection referrals.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (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:

'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' (HSCS 2.24); and

'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 requirement was made on 6 March 2025.**

#### Action taken on previous requirement

There were risk assessment documents and a full care plan for the service user, and also some blank ones ready to use.

One accident /incident form had been completed in the last few months. It contained good information about the incident and also had space for reflection on how to avoid something similar happening in the future.

Nothing had happened that needed to be reported to the Care Inspectorate so this was not directly evaluated, but it was mentioned to the manager who was aware of the requirements to notify as per guidance.

**Met - within timescales**

### Requirement 3

By 21 April 2025, to ensure people receive support in line with their agreed needs, wishes and preferences, the provider must ensure people have a personal plan in place, that reflects people's current needs and wishes. These plans must be sufficiently detailed and provide staff with effective guidance on how to support service users.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (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).

**This requirement was made on 6 March 2025.**

#### Action taken on previous requirement

The personal plan for the service user was detailed and gave good guidance about personal preferences as well as support needs. It contained enough detail about what to do, when to do it and how to support the client's independence.

**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 improve and support better outcomes for people, the provider must develop an improvement plan, using self-evaluation, that links directly to and improves the outcomes and experiences 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).

**This area for improvement was made on 6 March 2025.**

#### Action taken since then

There was both an improvement plan and a self evaluation document which were clear and measurable. It was easy to follow progress and see confirmation that the actions had been completed.

**This area for improvement has been met.**

#### Previous area for improvement 2

To support staff, the provider should ensure regular staff individual one-to-one meetings take place, that focus on staff development and support.

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 skills, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 6 March 2025.**

#### Action taken since then

There was a set of documents to ensure staff were able to undertake their duties and be supported; training records, competency checks, requests for the service user's views, 1:1 meetings, and appraisals. These were descriptive in their writing and were supportive for staff.

**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

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?	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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