

Wellness Social Care Services Limited Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
29 July 2025

Service provided by:
Wellness Social Care Services Limited

Service provider number:
SP2023000080

Service no:
CS2023000121

About the service

Wellness Social Care Services Limited provides housing support and care at home services for older people and adults living in their own homes.

Services were being provided for people living in Fife, Falkirk and Perth and Kinross at the time of the inspection.

We carried out a full inspection between 9 and 15 May 2025. We identified areas of concern and as a result we made three requirements. We carried out a follow-up inspection to evaluate the provider's actions to meet the requirements. Please see the 'Outstanding requirements' and 'Outstanding areas for improvement' sections of this report for further details of our findings.

Whilst two of the requirements made at the last inspection were met, one requirement remains outstanding. We agreed an extension of the timescales by which this requirement must be met until 22 October 2025.

About the inspection

This was a follow-up which took place between 22 and 28 July 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 two people using the service and five of their representatives;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People were treated with compassion, respect and kindness.
- People were supported by consistent teams of staff. This supported the development of warm and supportive relationships.
- The provider was enacting their policies and procedures including adult protection and complaints. This improved people's outcomes.
- Improvements had taken place in quality assurance but further development was required.

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

Requirements

Requirement 1

By 18 July 2025 the provider must ensure service users' health, safety and well-being needs are met. In order to achieve this, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively.

This must include but is not limited to:

- a) ensuring that people's views, suggestions and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences;
- b) informing people and/ or their representatives of the feedback received during quality assurance processes and of the action taken or planned in response;
- c) appropriate governance and oversight is in place by the provider. This must include audits for monitoring and checking the quality of service which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay; and
- d) submitting notifications to the Care Inspectorate in line with published guidance and notifying relevant agencies of issues or concerns, in particular where adult protection concerns have been identified.

This is in order to comply with Regulations 3 and 4(1)(a) and (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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 16 May 2025.

Action taken on previous requirement

Whilst we noted some improvements in quality assurance and service improvement, further development was required to meet this requirement.

A comprehensive quality assurance framework had been developed since the last inspection. It was apparent that considerable time and effort had gone into the development of the framework. The framework had the potential to make significant improvements in quality assurance. Given the scale of the quality assurance framework we were concerned that this would take some considerable time to achieve. However, improvements were required as soon as possible. We discussed prioritising plans to target risks and improve people's health, safety, wellbeing and outcomes.

Staff practice observations were carried out by members of the leadership team. A senior carer had been appointed who was now responsible for carrying out the observations. Records demonstrated increased and improved narrative and description of the practice that was observed. This should continue to be developed to record areas for improvement identified, action taken in response and how this improves people's outcomes.

The provider told us all staff should have regular practice observations. However, we could not be assured as there was no system to track observations that had been carried out or outstanding. The provider should link areas for improvement identified during practice observations with staff supervision. This is to support staff learning and practice and improve people's outcomes.

Visits and calls from managers took place for several reasons including carrying out service reviews, when starting new care packages, carrying out observations and gathering feedback. Records of the contact with people and/or their representatives demonstrated the flexibility of the service to meet people's needs. Members of the leadership team were very hands-on and communicated with people regarding any issues or concerns. Systems should be developed to track when contact is and should be carried out. This would improve people's involvement and participation in improving the service they receive. People and their representatives told us they received calls or visits requesting feedback about their service. However, this was not consistent.

Some audits had been carried out since that last inspection. The content, narrative and details of findings needs to improve. We could not identify what areas for improvement had been identified or what action had taken place or was planned. This meant we could not be assured that people's outcomes were improving. We noted that a number of audits were planned for the coming weeks. We look forward to evaluating the impact of improvements.

We have extended the date when this requirement must be achieved until 22 October 2025.

Not met

Requirement 2

By 18 July 2025 the provider must protect the health, safety and wellbeing of people using the service.

This must include but is not limited to:

- a) reviewing the organisation's complaints policy and procedure;
- b) ensuring the organisation's complaints policy and procedure are adhered to;
- c) developing a comprehensive complaints log which will accurately record all concerns, actions taken, and feedback provided;

- d) ensuring staff have appropriate training and awareness of the provider's complaints policy and procedure; and
- e) ensuring audits of complaints and complaint handling are carried out on a regular basis and analysed to identify areas for improvement, trends or pattern.

This is in order to comply with Regulations 3, 4(1)(a) and 18 (1), (2), (3) and (4) 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).

This requirement was made on 16 May 2025.

Action taken on previous requirement

The provider's complaints policy and procedure had been reviewed and compared with current practice to ensure these were being complied with.

We found the provider's policies and procedures were being adhered to. People using the service had access to copies of the provider's processes as well as details of how to contact the Care Inspectorate with their concerns.

A complaints log was in place and kept up to date. This ensured all complaints and concerns were recorded with details about the actions taken and still outstanding. This kept the provider on-track with investigating and resolving complaints within stated timescales. We suggested the provider add dates when each stage of the process should be completed to reduce the risk of slippage.

The provider carried out robust investigations into all complaints and concerns. Investigations involved meeting with people and/or their representatives, phone calls, examining records and identifying and planning improvements with people. The provider prepared a report on lessons learned following investigations. This reduced the risk of similar complaints or concerns in the future. Copies of investigation and lessons learned reports were shared with the Care Inspectorate and we were assured that investigations were thorough, fair and compassionate.

Feedback was provided to complainants following investigations. The provider took responsibility for complaints and detailed the action that would be taken to improve people's outcomes and experiences. This provided assurance and confidence for people using services and their representatives that they were listened to, valued and respected. We suggested that all records regarding each complaint should be kept together. This included records of investigations, lessons learned, actions taken and complaint resolution. Complaints records are kept in paper formats and this should improve the security and accessibility of records.

We noted that audits of complaints handling had not yet been carried out. However, a date was planned. We will follow this up at the next inspection.

The provider told us that they were having conversations with staff about the complaints policy and procedure and their roles and responsibilities. However, there were no records of this. Staff should be able to demonstrate their understanding of the policy and procedure and we need to see evidence of this.

The provider has taken appropriate action to meet this requirement. We suggested further improvements in systems and processes would evidence complaints handling in a systematic, seamless way.

Met - within timescales

Requirement 3

By 18 July 2025 the provider must protect the health, safety and wellbeing of people using the service. In order to achieve this, the provider must, as a minimum:

- a) ensure local authority adult protection teams and the Care Inspectorate are informed of all adult protection concerns and actions taken to safeguard people using the service;
- b) notify the Care Inspectorate and appropriate professionals of incidents, accidents and concerns as soon as possible and within the timescales stated in the Care Inspectorate's guidance on records services must keep and notifications they must make;
- c) provide updates on notifications submitted to the Care Inspectorate as required and available; and
- d) ensure staff have appropriate training on a regular basis and demonstrate a clear understanding of their duties in line with the Adult Support and Protection (Scotland) Act 2007.

This is in order to comply with Regulations 3 and 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).

This requirement was made on 16 May 2025.

Action taken on previous requirement

We noted significant improvements in the submission of notifications. The service was submitting notifications in line with the Care Inspectorate's guidance. This included incidents and adult protection concerns. This demonstrated an understanding of social work adult protection and Care Inspectorate notification procedures. This ensured appropriate action was taken to safeguard people's health and wellbeing and reduce the risk of similar incidents reoccurring. We asked the provider to submit updates to incidents and protection concerns via the Care Inspectorate portal as appropriate. This ensures the Care Inspectorate are informed of outcomes, any further/outstanding actions and to provide support for the provider where required.

The provider carried out internal investigations re incidents and concerns. Lessons learned exercises were used as a learning opportunity to reduce the risk of future incidents.

Staff complete adult support and protection training on an annual basis. This online training includes an assessment of staff's knowledge and understanding. We suggested that the provider should develop systems and processes to evaluate staff's ability to put their learning into practice in a person centred way.

The provider's adult protection policy and procedure was available for staff as well as Fife Council's Inter-Agency Adult Support and Protection Guidance. The provider should ensure staff understand how these should be implemented.

The provider has made significant improvements and demonstrated their understanding of their responsibilities under Adult Support and Protection legislation and guidance. This requirement was met with feedback given concerning further improvements.

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

In order to implement and comply with the Health and Care (Staffing) (Scotland) Act 2019 and improve people's health, safety, wellbeing and outcomes, the provider should take the necessary actions to ensure managers have the necessary knowledge and understanding to support and guide staff. A safer staffing policy and relevant procedures should be developed to support staff's knowledge and understanding and inform their practice.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 16 May 2025.

Action taken since then

Work had not started towards this area for improvement as the provider was concentrating on meeting the requirements made at the last inspection.

We had discussions with the provider regarding what factors they took into consideration when planning rotas, for example, what they would consider to ensure staff worked well together to provide safe, consistent and effective care and support for people.

We look forward to evaluating the provider's understanding and plans to implement safer staff legislation at the next inspection.

Previous area for improvement 2

In order to support good outcomes for people using the service, the provider should review their supervision policy and procedures. This is with a view to improving staff's access to support and supervision and ensure their knowledge, skills, learning and development and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) that 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 16 May 2025.

Action taken since then

The provider had reviewed their supervision policy and procedure. They had an increased understanding of the purpose of supervision having referred to guidance and resources from the Scottish Social Services Council.

The provider was aiming to provide supervision for staff on a six to eight weekly basis. Supervision could be provided in a variety of formats including one to one and group supervision provided in person, at online meetings or by telephone. This approach was to be as flexible as possible to provide opportunities to meet with members of staff. The provider will also record informal supervision they provide for staff.

A supervision matrix and plan had been developed but was not due to commence until September 2025. We look forward to reviewing the provider's progress at the next inspection.

Previous area for improvement 3

In order to protect people's health, safety and wellbeing, the provider should develop person specific risk assessments that promote people's health, safety, independence, and outcomes. People should be supported to take positive, life enhancing risks.

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).

This area for improvement was made on 16 May 2025.

Action taken since then

The provider had commenced on this work very recently. Two people's care plans had been reviewed.

We noted that person-specific risks had been identified. This was an improvement as previously risk and risk assessments were generic. The provider should develop individual support plans to mitigate the risks, inform staff's practice and ensure people receive safe, consistent and effective care and support.

This area for improvement will be re-evaluated at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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