

## Excel Central Care Ltd Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
25 July 2025

**Service provided by:**  
Mackcare Ltd

**Service provider number:**  
SP2022000144

**Service no:**  
CS2022000202

## About the service

Excel Central Care Ltd formally known as Mackcare Limited was registered with the Care Inspectorate in July 2022 to provide care and support to adults with support needs in their home and in the community. The service has a management team comprising of one director and a registered manager and has an office base in Stirling.

Excel Central Care Ltd aims to provide person-centred, personal and practical support which enables people to continue living in their own homes.

At time of inspection the service was supporting 29 people.

## About the inspection

This was an announced short notice inspection, which took place on 23 and 24 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:

- obtained feedback and spoke with 15 people using the service and one of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- We saw caring and respectful relationships between people and staff.
- Improvement was needed to develop a robust system and process of reporting and recording of accidents, incidents and complaints and concerns.
- Improvement was required to ensure the staff team were supported, trained and work well together.
- Whilst there were personal plans in some people's homes they were not of a consistent quality. The service recognised that personal plans needed to improve for people and were in the process of transition to a new online system.
- There was a lack of supervision and evidence of regular team meetings or observations of practice being carried out.
- The service is required to ensure the service remains responsive to people's care and people experience consistent, well planned and continuous care from a staff team that are supported, trained and work 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?	4 - Good
How good is our staff team?	3 - Adequate
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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

During our inspection we saw caring and respectful relationships between people and staff. One person told us "staff are nice and kind", where a relative told us "the staff are lovely."

Recent challenges with staffing meant there was some inconsistencies in staff teams, however people told us they mostly knew the staff. We were told staff are not always punctual, but people understood the challenges rural living could cause and in most cases when staff would be extremely late then the service always called to give an explanation.

People should be confident that medication policy and practices are managed to ensure their health and wellbeing benefits. There was a clear medication policy and procedure in place and staff practice we observed was safe in the managing and recording of medication being administered.

We saw accidents and incidents being reported, however improvement was needed to develop a robust system and process of reporting and recording of them to ensure the service remained responsive and develop a culture of learning. A complaints process was in place and concerns were managed daily by the management team and staff, however improvement was needed in the management of complaints and shared learning. **(See Area for Improvement 1).**

The service had good oversight of people's health needs, however improvement was needed in relation to the review of people's support plans to ensure information is accurate and updated. (Please see under key question 5 for more detail). We saw good evidence of effective partnership working and multi-disciplinary working to ensure people's needs were effectively met.

### Areas for improvement

1. To inform the dynamic approach to quality improvement and ensure the service develops a culture of continuous improvement through learning from complaints/concerns and accidents and incidents. The service should, at a minimum:

- a) Keep records and log of any concerns/comments made by people who use the service, representatives, relative or other persons.
- b) Ensure that each record: Includes details of the date received, issues raised, action taken and outcome.
- c) Implement a system to regularly monitor, review and learn from complaints, concerns and accidents and incidents.
- d) All staff are aware of the recording procedure and what is an accident and incident.
- e) Ensure all accidents and incidents logged are reviewed and signed off by managers.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "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?

## 3 - Adequate

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance needed to improve.

**Quality indicator: 3.3 Staffing arrangements are right and staff work well together.**

Safer recruitment principles were being followed and relevant documentation was in place. This helped keep people safe because staff were recruited properly.

People should benefit from care and support that is consistent because staff work together as a team. We heard that where possible staff work well and help each other out whilst others spoke about low staff morale due to the lack of support from senior management and the uncertainty of which people they would be working with and the continuous changes. We addressed this with the management who assured that they do their best to support staff and develop consistency. There was a lack of supervision and evidence of regular team meetings or observations of practice being carried out. These meetings, supervisions and observations are important to monitor staff's wellbeing and practice and to ensure people being supported experience a good quality of care and support from a competent workforce and concerns can be raised when needed. We found the lack of supervision, volume of team meetings and the inconsistency of deployment of staff didn't support team working, therefore a requirement was made. **(See Requirement 1)**

People who use services have the right to have their needs met by the right number of staff who have time to support and care for them. The service used a recognised tool to develop schedules and runs for staff, this was used to inform staffing levels, however the management team informed it was difficult to incorporate specific times for staff and people, which included travel time for staff due to the landscape of the area covered. The service continued to recruit new care staff and had developed its own relief pool to support consistency and staffing numbers.

We saw from training records that staff had completed a range of mandatory training both online and face-to-face in key areas, from moving and assisting, infection prevention control and adult support and protection. However not all staff reported feeling confident in their roles and responsibilities, this has therefore been incorporated into the requirement made. As all staff should be clear about their roles and responsibilities, to support better outcomes for people receiving care.

## Requirements

1.

By 3 October 2025, the provider must ensure the service remains responsive to people's care and people experience consistent, well planned and continuous care from a staff team that are supported, trained and work well together. Which results in better outcomes for people who experience care.

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

- a) Review the current scheduling and rota system to incorporate the rural location.
- b) Review staff supervision and ensure all staff have supervision planned and feel supported and competent in their role, through staff observations.
- c) Review current communication methods and ensure all staff have access to communication platforms, team meetings and feel involved and included.

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

3.15 "My needs are met by the right number of people."

4.17 "If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity."

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

### Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

People should expect consistent care and support. Whilst there were personal plans in some people's homes they were not of a consistent quality. Personal plans should be reviewed on a regular, planned basis and updated when there are any changes to a person's care or support needs. People could not be fully confident that staff were providing current and accurate support using the personal plans in place. **(See Area for Improvement 1).**

While people experiencing care, together with their relatives, were consulted and involved in the development and review of the personal plan initially, this practice had not always continued. The service recognised that personal plans needed to improve for people and were in the process of transition to a new online system.

There were risk assessments within the personal plans we sampled however, some risk assessments would benefit from being more personalised and reflective of people's current care needs. The new system when fully implemented should address this. This would further assist the service to identify and address individual risks for each person and ensure staff were directed in delivering care safely.

### Areas for improvement

1. To ensure people's personal plans are up-to-date and reflect their individual needs, intended outcomes and associated risks. The service should, at a minimum:

- a) Review people's personal plans and ensure all records are accurate, up-to-date, sufficiently detailed and reflect the care planned or provided.
- b) Plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers. These must be formally reviewed at least every six months.
- c) Review risk assessments and action plans when necessary.

This is to comply with 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 which state:

'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)

## 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 staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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