

Care1 Professional Services LTD

Housing Support Service

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Type of inspection:
Unannounced

Completed on:
1 August 2025

Service provided by:
Care1 Professional Services Ltd

Service provider number:
SP2016012749

Service no:
CS2024000414

About the service

Care1 Professional Services Ltd is registered with the Care Inspectorate to provide a care at home service to children and adults living in their own homes. The service office base is within Hamilton and provides care and support to people living in North and South Lanarkshire, West Lothian, Fife, Inverclyde and Renfrewshire.

At the time of the inspection, the service was providing care and support to approximately 278 people. The service had not been providing care to children.

North Lanarkshire had the highest number of individuals receiving support.

About the inspection

This was an unannounced inspection which took place on 29 - 31 July 25 between 08:10 and 17:30. The inspection was carried out by three 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:

- gathered feedback from pre-inspection questionnaires (13 responses were received from people using the service, eight responses were received from relatives and 13 responses received from staff)
- spoke with six people using the service by telephone
- visited 12 people and four of their relatives
- spoke with seven staff and management
- reviewed documents
- gained feedback from one visiting professional..

Key messages

The service had recently expanded to delivering services within Renfrewshire and were in the process of getting to know people and their needs.

Most people and their relatives were satisfied with the care provided however, a minority were not satisfied and this needed to improve.

Staff reported feeling happy and supported in their roles.

Staff consistency needed improvement to better meet people's needs.

A training plan was needed to support staff learning and development in relation to registration conditions.

Improvement was needed with how the service followed up and closed actions from significant events, such as complaints.

A new management team was in place and had a clear understanding of the service strengths and areas for improvement.

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

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

Most people received care and support that reflected their individual needs and preferences. People shared positive feedback, with comments such as; 'They communicate well and talk to you in a caring and compassionate manner', 'All the staff are lovely,' and 'Nice girls, go out of their way to help'. Relatives also shared positive feedback. One relative said; 'They know my relative better than we do'. Another commented, 'when my relative sees the carers coming in the morning, they are so happy'.

However, a small number of people felt their experience was less positive, mainly due to inconsistency in the staff supporting them. They felt that unfamiliar staff were less aware of their needs and wishes particularly with changes to tasks to improve their health and wellbeing and their preferences with eating and drinking. This issue had already been identified by the management team, who were taking steps to address this promptly.

Staff were proactive in recognising changes in people's health and promptly shared this information with the relevant teams. The management team held daily meetings to monitor and review any changes, including hospital admissions and discharges, medication updates, and adjustments to health-related routines. Out-of-hours updates were also discussed and passed on to ensure continuity of care.

All significant health and wellbeing events were logged and timestamped. However, a number of overdue follow-ups were identified during the inspection, and it was unclear whether these cases had been resolved. This was discussed with management who took immediate action to ensure all cases were now closed. We were assured that people were receiving care and support that was right for them.

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.

A new management team had been appointed and demonstrated a good understanding of what was working well and where improvements were needed. New managers were being supported to understand their roles and know where to access guidance for improvement activities. The service was now better equipped to support ongoing improvements and was actively monitoring all aspects of service delivery to ensure people received the support they need.

The service had recently expanded to Renfrewshire and the new management team were familiarising themselves with people's health and wellbeing needs in this area in efforts to make sure these were being met.

Most people felt confident giving feedback and raising concerns. However, a small number did not feel supported to do so. This was discussed with the management team, who responded promptly and took immediate action. We also advised that learning from significant events, such as complaints, accidents and incidents could be further improved.

Training statistics within the service were generally good. However, most staff were not yet working towards practice qualifications required for their registration with the Scottish Social Services Council (SSSC). This was identified during the previous inspection, but no clear progress had yet been made. We did not see a training plan outlining how the service intended to meet staff learning and development needs. However, the service was in the process of being approved to operate as a centre for delivering Scottish Vocational Qualifications (SVQ's) which meant they could now offer these internally. A service training plan was needed which would show how the service will support their staff to meet their learning and development needs in relation to registration conditions within the agreed timeframes (**see area for improvement 1**).

Areas for improvement

1. To support positive outcomes, the provider should implement a comprehensive training plan to ensure staff have the skills and knowledge to meet people's needs. This should include support for achieving Scottish Social Services Council (SSSC) registration conditions and address staff's individual learning needs.

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).

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 said they were happy in their roles. They felt supported, valued their training and supervision and appreciated team meetings. One staff member also mentioned that twice-yearly social events helped boost team morale.

People using the service shared positive experiences. One person said, "Staff don't rush me," whilst another commented, "Staff always ask if there's anything else I need help with." Someone else added, "Staff have good knowledge and a lot of training with my personal care, health and safety and using the hoist."

Staff only started work once pre-employment checks had been completed and mandatory training had been carried out. This helped ensure people were kept safe. However, the skills and experience of new staff did not always match the needs of the people they support. Linking these better would show that people's views were considered during the induction process.

The induction pack covered all the important areas of support and managers completed induction plans with staff. These plans helped identify additional training needs and included observing staff practice. Each staff member also had their own learning and development plan.

There were enough staff with the right skills working at the right times. Most had good interactions with people. However, a few people said staff did not always understand them. The service knew this was important and was working to improve communication.

How well is our care and support planned?

4 - Good

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

Care plans were digital and accessible to people. Most were happy with their agreed plan. A few paper-based plans which belonged to people in West Lothian, were out of date. However, the manager updated these immediately and made sure people had the correct version.

Six-monthly reviews included input from relatives and professionals, with actions followed up. Relatives gave positive feedback about how responsive the service was. A few people were unable to recall when their last review took place. The service should ensure that people are made aware when their six-monthly review is taking place. This would enhance their understanding of the process.

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 ensure that continual improvement is sustained, the provider should ensure all audits have associated action plans which are SMART (specific, measurable, achievable, relevant and time-bound) focussed. They should also ensure that action plans are reviewed including an evaluation of progress made and updated until completion with clear links to the service improvement plan.

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 systems' (HSCS 4.19).

This area for improvement was made on 3 June 2024.

Action taken since then

Action plans were consistently in place across the service, with most now structured around SMART (specific, measurable, achievable, relevant and time-bound focused) principles. The service business development plan and area development plan were clearly aligned, showing strong interconnections. There was clear evidence that these plans were actively driving improvements across the service to improve health and wellbeing outcomes for people.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that staff are appropriately supported. To do this, the provider should:

- a) ensure that staff are provided with regular formal supervision, through which their practice is discussed and opportunities to discuss areas of support or concerns;
- b) ensure that staff observations and competency assessments are undertaken. This should include feedback from people; and
- c) undertake follow up action to address areas for improvement.

This is to ensure 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).

This area for improvement was made on 15 January 2024.

Action taken since then

Staff supervisions were generally held every six months. These provided staff with opportunities for feedback, reflection, and identifying areas for learning and development. Staff were encouraged to highlight the support they needed and shared examples of their own best practice.

Direct observations were carried out quarterly, allowing supervisors to assess staff competence in key areas such as communication, health and safety, medication administration, care planning, and risk management. This process helped to ensure that individuals received care from staff who were skilled and knowledgeable.

Training was appropriate to the services delivered, with a high number of staff having completed their required training. However, it would be beneficial to have a clear action plan with dates to address any knowledge gaps, including refresher sessions. This would support consistent, high-quality care across the service (see area for improvement 1 in section 'How good is our leadership').

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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	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
3.1 Staff have been recruited well	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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