

Aspire West Support Services Care at Home Support Service

Unit 16
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Type of inspection:
Unannounced

Completed on:
4 September 2025

Service provided by:
Aspire Housing & Personal
Development Services Ltd

Service provider number:
SP2004004485

Service no:
CS2004082126

About the service

Aspire West Support Services Care at home provides support to people in their own homes and within the local community living in North Lanarkshire.

The head office is in Coatbridge and at the time of inspection the service was supporting 10 people.

The service provides flexible packages of care and support to meet people's needs including 24 hour care. The range of services includes: personal care and support, support with domestic tasks, and shopping.

About the inspection

This was an unannounced inspection which took place on 2-4 September 2025 between 09:35 and 18:15. 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.

To inform our evaluation we:

- visited four people in their homes
- spoke to three relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

The service had made improvements since the last inspection and now requires time to fully embed these changes to ensure improvements are sustained.

Support for staff had improved; most staff had received a supervision, direct observation of practice and attended a team meeting.

People spoke positively about staff who they were familiar with and felt had the right knowledge and experience.

Personal plans and reviews were being updated and audited regularly however, further work was needed to ensure people had access to their plans in a format that was meaningful to them.

There were still areas to improve upon around medication management.

The service needed to ensure they were following up on all action plans generated from all aspects of service delivery.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 as adequate, where strengths only just outweighed weaknesses.

People spoke positively about the support they received and appeared relaxed and comfortable in the presence of staff. We observed warm and respectful interactions, with one person saying, "They do a lot for me", and a relative commented, "As far as I'm concerned, things couldn't be better".

People were supported to be involved in decisions about their physical and emotional wellbeing. Staff were responsive to changes in health and communicated effectively with relevant professionals to ensure people received the right care at the right time. External health professionals also spoke positively about their collaboration with the service.

People had as much control as possible over their medication. The service was in the process of digitalising their records included within their medication management system. However, further improvements were needed as some issues were not being identified through the current medication administration records (MARs). We also found that information about people's topical medications had not been included within personal plans, which could lead to these medications being overlooked. Although a medication audit system had been put in place, it had not yet been fully implemented, meaning discrepancies were not always being picked up (**see area for improvement 1**). This was discussed with the management team, who responded promptly and took immediate action to address them (see information under "What the service has done to meet any requirements we made at or since the last inspection").

Areas for improvement

1. To support people's health and wellbeing, the provider should carry out regular audits of medication systems, including medication administration records (MARs), to ensure safe and effective practice.

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

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The management team was now fully in place with previous vacancies filled. Quality assurance systems had been implemented but the service still required time to fully embed these changes. Action plans were being generated although they were not always followed up. We discussed with the manager how this could be taken forward to support further improvement (**see Area for Improvement 1**).

Whilst quality assurance activity was underway, some aspects of care delivery had not yet been included such as daily running notes. We suggested these be audited alongside personal plans and reviews as this could present opportunities for further learning and developments. For instance, staff workshops to support the service's improvement journey.

A small number of reviews were overdue; however, the service was actively working with families to schedule these. Overall, management oversight had improved since our last visit.

Areas for improvement

1. To ensure people receive care and support that is right for them, the provider should ensure all action plans generated from quality assurance activities, including those related to accidents and incidents, are consistently followed up and reviewed.

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

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff told us they felt supported in their roles. Most had recently attended supervision, participated in team meetings, and had a direct observation of their practice.

People and their relative's spoke positively about what they thought about staff's knowledge and training. Comments included, "Staff know my relative well," "Staff have been trained to support with my relative's medication and health care needs," and "They are caring and supportive". People were now being supported at the right time by staff they knew well. This helped to build trust and continuity as the service ensured consistency with rota planning.

Staff recruitment followed current best practice guidance, although improvements could be made to ensure full employment histories were consistently recorded within application forms. We discussed this with the manager, who acknowledged the issue and agreed to action.

Staff training, supervision, direct observation, and team meeting records had improved across the service. We suggested enhancing how team meetings were recorded to ensure actions were clearly tracked and followed up (see area for improvement under Key Question 2: 'How good is our leadership?'). Action plans had been generated from supervisions, although it was too early to assess their impact.

The service had made progress with ensuring staff felt supported. Support systems were now in place and required time to be fully embedded and sustained.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's personal plans were in digital format and the service was in the process of updating them. Most people were happy with their plans, although a few relatives said they did not have access to these. It was also not evident whether people had access to their care plans in a format that was meaningful to them. Whilst people had been asked whether they preferred a paper or digital copy, they had not been asked about their preferred format more broadly. We discussed this with the manager who agreed to take steps to better capture people's wishes and preferences.

Six-monthly reviews were mostly taking place and action plans had been generated from these. Reviews of personal plans and related health and risk assessments were happening but not always in alignment with the six-monthly review cycle. We suggested synchronising these reviews to reduce duplication and improve efficiency.

Systems were now in place to ensure that personal plans, health and risk assessments and reviews were regularly audited. The service now needed time to embed these improvements and ensure these are sustained.

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

Requirements

Requirement 1

By 6 May 2025, the provider must ensure people are protected from harm by ensuring that all complaints and concerns raised, are reported and dealt with timeously. This includes gaining feedback from people about how satisfied they were with how their complaint or concern was dealt with.

This is to comply with Regulation 18 (2), (3), (4) and (5) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made' (HSCS 3.22).

This requirement was made on 24 February 2025.

Action taken on previous requirement

At our last inspection to allow further time for improvements to be made and evaluated, a decision had been made to extend this requirement until 30 August 2025.

People can now feel confident that any complaints raised, would be dealt with promptly. The service now had an active tracker showing when complaints were made which showed whether they were open or had been resolved. The manager had also added a follow-up step to check if people were satisfied with how their complaint was handled.

This requirement has now been met.

Met - outwith timescales

Requirement 2

By 6 May 2025, the provider must ensure that people's wellbeing is supported by the safe administration of medication. To do this, the provider must:

- a) ensure all staff who provide medication support have the right skills, knowledge and experience in alignment with policies and procedures
- b) ensure people's medication records are accurate and reflective of the care and support they require with prescribed medication and detailed protocols provide instructions for administering 'as required' medication
- c) ensure medication records are quality assured on a regular basis.

This is to comply with Regulation 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 experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11).

This requirement was made on 24 February 2025.

Action taken on previous requirement

At our last inspection to allow further time for improvements to be made and evaluated, a decision had been made to extend this requirement until 30 August 2025.

People had medication plans which ensured they received the right medicine at the right time. The service had started using a medication audit however, this had not been fully rolled out. There were some record-keeping issues that had not yet been picked up through their checks. Staff were trained to give medication safely and we were confident this was happening as it should. We spoke with the management team about ways to improve the medication plans, including making sure people's wishes and preferences were clearly recorded. Management responded to these issues and assured us that regular auditing would begin straight away. Whilst there was strong evidence to meet this requirement, there will be an area for improvement under Key question 1: 'How well do we support people's wellbeing?' regarding medication audits.

This requirement has now been met.

Met - outwith timescales

Requirement 3

By 6 May 2025, the provider must ensure the service is well led and managed and people receive care and support that is safe and meets their needs through robust quality assurance. To do this, the provider must, at a minimum:

- a) ensure managers and senior staff have the right skills and knowledge to quality assure all aspects of care and support delivery
- b) implement, monitor and review quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported
- c) devise clear action plans with timescales where deficits and/or areas for improvement have been identified.

This is to comply with Regulation 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 24 February 2025.

Action taken on previous requirement

At our last inspection to allow further time for improvements to be made and evaluated, a decision had been made to extend this requirement until 30 August 2025.

Managers had received training on the new quality assurance systems which had now been put in place. The management team now used quarterly planners with clear timescales to track what needed to be done and when. These systems were being monitored and reviewed regularly. Whilst action plans were being generated, we found that the follow-up on some audit action plans had not yet happened. The service needed time to fully embed these processes to ensure the improvements they had put in place were sustained. We discussed this with the management team who were responsive and began working on these action plans. There will be an area for improvement under Key Question 2: 'How good is our leadership?' specifically around the following up on all action plans.

This requirement has now been met.

Met - outwith timescales

Requirement 4

By 6 May 2025, the provider must ensure they keep people safe from harm by following adult support and protection procedures. To do this, the provider must, at a minimum:

- a) ensure all significant events (that have met the threshold for adult support and protection) and related notifications and referrals have been submitted to Care Inspectorate and relevant agencies timeously.

This is to comply with Regulation 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.21).

This requirement was made on 24 February 2025.

Action taken on previous requirement

At our last inspection to allow further time for improvements to be made and evaluated, a decision had been made to extend this requirement until 30 August 2025.

To help keep people safe, the service made sure all significant events were reported promptly. Records of accidents and incidents submitted to the Care Inspectorate matched the service's own records, showing improvement in how events were now being tracked. However, the service could strengthen its approach by making sure that all action plans generated within these records are followed up. This links to an area for improvement under Key Question 2: 'How good is our leadership?'.

This requirement has now been met.

Met - outwith timescales

Requirement 5

By 6 May 2025, the provider must ensure that people receive care and support that is right for them from staff with the right knowledge, skills and experience. To do this the provider must, at a minimum, monitor staff competence through training and other means such as team meetings, supervision, and observations of staff practice.

To do this, the provider should ensure the service evidences the principles of the Health and Care (Staffing) (Scotland) Act 2019, which includes ensuring the wellbeing of staff. This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is also 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, and able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14). and '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 24 February 2025.

Action taken on previous requirement

At our last inspection to allow further time for improvements to be made and evaluated, a decision had been made to extend this requirement until 30 August 2025.

Competency observations and staff supervisions were now being tracked and actioned through managers' quality planners. These would prompt managers when staff were due to be observed in practice or due for supervision. Team meetings had been reinstated and were happening. Oversight of this process had improved. Work was still ongoing to strengthen the data around direct observations. There was a cohort of staff being supported to complete their SVQ qualifications. The service should continue to embed these improvements to ensure they are sustained.

This requirement has now been met.

Met - outwith timescales

Requirement 6

By 6 May 2025, the provider must ensure that people's personal plans are up-to-date and reflective of their current health, safety and welfare care and support needs. To achieve this the provider must, at a minimum, ensure:

- a) people's views and preferences are actively sought when planning, delivering and reviewing their care and support and people have access to their personal plan in a format of their choice
- b) people's personal plans, health assessments and any associated risk assessments are detailed, up-to date and reviewed at least every six months or if there is a significant change
- c) all written records about people's care adhere to best practice guidance
- d) personal plans and reviews are quality assured regularly and any areas for improvement are completed timeously.

This is to comply with Regulation 5 (1) and (2) 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 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 24 February 2025.

Action taken on previous requirement

At our last inspection to allow further time for improvements to be made and evaluated, a decision had been made to extend this requirement until 30 August 2025.

People's personal plans reflected their health and wellbeing needs and improvements were underway through the introduction of personal plan audits. Since the last inspection, personal plans had been reviewed and staff were actively monitoring changes in people's health and wellbeing. We discussed with management further improvements that could be made particularly to daily running notes. We suggested these could be audited alongside personal plans to support further improvement. Whilst personal plans were now being audited, there was limited evidence of this happening with review records. We were reassured that the service had a plan in place to ensure that this would happen.

This requirement has now been met.

Met - outwith timescales

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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