

Ayrshire Care Solutions Housing Support Service

166 Main Street Auchinleck Cumnock KA18 2AS

Telephone: 01290425854

Type of inspection:

Unannounced

Completed on:

2 October 2025

Service provided by:

Ayrshire Care Solutions Ltd

Service no:

CS2019374793

Service provider number:

SP2019013304



Inspection report

About the service

Ayrshire Care Solutions provide a combined housing support and care at home service for people across Ayrshire, with an office base in Auchinleck. At the time of this inspection the service was supporting 58 people to live independently within their local community. The registered manager was supported by a service manager, an area manager, two service co-ordinators and a team of support staff.

About the inspection

This was an unannounced, follow up inspection which took place on 02 October 2025 between 11:20 and 13:35. This inspection was carried out by an inspector from the Care Inspectorate to follow up on one requirement that was made on 19 June 2025 as a result of complaint investigation findings.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- · spoke with the service manager
- · reviewed documents

Key messages

The provider had invested in the management team, which increased the availability and capacity of managers to support staff and to embed quality assurance in regular practice.

People benefitted from being supported by skilled and competent staff as the service had significantly improved staff compliance with training.

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

Requirements

Requirement 1

By 11 September 2025, to promote the safety and wellbeing of people the provider must ensure that staff undertake essential training and development opportunities to enable them to be competent in their role. To do this the provider must at a minimum:

- a) undertake a training analysis to identify what training and development is required for each staff member;
- b) ensure line managers maintain an accurate record of all staff training, including refresher training;
- c) implement quality assurance systems to evaluate the effectiveness of training and development opportunities, and to ensure ongoing competency of staff.

To be completed by: 11 September 2025

This is in order to comply with: Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This requirement was made on 19 June 2025.

Action taken on previous requirement

The management team had undertaken a training analysis that identified what training and development was required for each staff member. The eLearning system had been updated, and eLearning training days were arranged to ensure staff compliance whilst they also received support from a manager. The records we reviewed showed a high compliance with all mandatory training modules.

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Staff supervision and observation records were being completed more regularly and accurate records of these were kept. We found staff had been given meaningful opportunity to identify their individual training needs in relation to the people they support, and we evidenced the management team had then arranged the training that had been requested.

A review of supervision records and a discussion with the service manager confirmed staff had reported improvements in their relationships with colleagues and management, had benefitted from the additional training and the increased capacity of the management team. This meant the staff team worked better together, and felt supported and competent to carry out their role.

Tracking and monitoring arrangements had been introduced to enable managers to provide quality assurance and oversight of all training and staff competency observations. The management team had introduced monthly quality improvement overviews, and this provided assurance that all members of the management team had a co-ordinated approach to training, tracking and monitoring.

We concluded the service had undertaken work to promote the safety and wellbeing of people experiencing care and ensured that staff had undertaken essential training and development opportunities that enabled them to be competent in their role. This requirement has been met.

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 leadership the provider should ensure that managers are given sufficient capacity to support quality assurance effectively and to embed changes in practice.

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 area for improvement was made on 16 December 2024.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 2

The registered manager should ensure there is effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. This should extend to, but

not be limited to; supervision, team meetings, spot checks and competency checks being done regularly and meaningfully. Evidence of these communications should be recorded as a matter of good practice.

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).

This area for improvement was made on 16 December 2024.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 3

When goal setting managers should consider the benefit for the person. This approach gives a more dynamic and aspirational edge to planning support that consistently informs all aspects of the care and support they experience. Personal plans should be up-to-date to direct staff and contain accurate and up to date risk assessments.

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 area for improvement was made on 16 December 2024.

Action taken since then

Not assessed at this follow up 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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