

# Ability Scotland Ltd Trading as Ability Care Services Housing Support Service

Ability Care Services  
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**Type of inspection:**  
Unannounced

**Completed on:**  
18 September 2025

**Service provided by:**  
Audrey Gilroy trading as Ability Care

**Service provider number:**  
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**Service no:**  
CS2004066423

## About the service

Ability Care provides a combined housing support and care at home service to adults and older people living in their own homes. The company office is located in Paisley and services are currently provided throughout the Renfrewshire area. The registered manager and a team of 10 care staff were supporting 31 people using the service.

The provider changed their legal entity which affected their registration status with the Care Inspectorate. This means they are not currently registered correctly with the Care Inspectorate therefore are operating illegally. However Registration colleagues have met the provider to advise on the actions required to resolve this matter.

## About the inspection

This was an unannounced inspection which took place on 12, 15, 16, 18 September 2025 between 09:00 and 17:15. 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. In making our evaluations of the service we:

- spoke with seven people using the service and six of their family/friends
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

We also took into account 21 returned Care Inspectorate questionnaires, 14 from people using the service, six from staff and one professional.

## Key messages

- Support was person centred, and staff worked alongside people.
- Professionals and relatives were assured by good communication with the service.
- Relatives gave positive feedback and were happy with the care their loved ones received.
- Staffing levels needed to improve to ensure sufficient cover.
- A suitable qualified and experienced person was required to deputise for the manager.
- Staff supervision and team meetings needed to be restored in order to support staff.

## 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?	5 - Very Good
How good is our staff team?	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?

5 - Very Good

We evaluated this key question as very good as there were significant strengths impacting positively on outcomes for people.

Staff had built strong, respectful relationships with the people they supported, showing genuine care and encouraging choice. Support had been tailored to each person, with staff working alongside people to meet their needs and preferences. People told us 'staff are fantastic and so helpful' and 'I am happy xx is back, I like her very much'.

People can expect to access healthcare that benefits their wellbeing. People had received timely access to healthcare professionals, including visits from district nurses and GPs, where required. Staff had shown confidence in managing aspects of clinical care, knowing when to escalate concerns. Communication with families and professionals had been praised. People shared they appreciated knowing who would be supporting them, including having photographs of the staff, which helped to build trust and consistency.

Visits we observed had been mostly punctual and reliable, and when slight delays occurred, people had been kept informed. People benefitted from the use of assistive technology to enable them to have more control over their own health and wellbeing. When someone's mental health dipped, they had felt able to reach out for reassurance and staff responded quickly, people shared this contact was important to their wellbeing. People were supported with meaningful connection by keeping in touch with their family members and accessing their community.

Food and drink support reflected personal preferences and health needs, including diabetes management. A professional commented this was meeting their clients' outcomes. It was good to see staff had helped people learn new skills like cooking. A relative shared 'I really like that staff are developing new skills with xx as this helps her self-esteem'. However, as meal preparation was part of their service, staff needed to complete food safety and hygiene training, with clear records detailing when this had been undertaken. This was to ensure safety for people with their food preparation.

Personal plans had been developed with people and kept in their homes, with future planning being introduced to uphold their future wishes. Care plans included helpful information about health and individual routines to assist staff to meet people's preferences though would benefit from clearer detail about how the support offered meets people's outcomes. There were risk assessments in place to guide staff where this was required. The plans we sampled included details of who holds legal powers where people did not have capacity, upholding people's legal rights in line with the principles of the Adults with Incapacity (Scotland) Act 2000. The service had plans to migrate to a new online care planning system which they felt would improve the quality of plans overall for people and support their wellbeing. Professionals had confirmed that staff they had contact with were person-centred and communicated well.

Staff were trained in adult protection, though some had lacked confidence in making referrals or notifying the Care Inspectorate. We shared the guidance about notifications we would expect to see to ensure people were kept safe.

People can expect to be protected by safe medication practices, management oversight and policies. There was a robust policy in place to guide staff. No medication incidents had been reported and practice observed appeared safe. People where possible had control over their own medication. Staff had not had annual

medication practice observations as stated in their policy. We asked the provider to address this. **See area for improvement 1 under 'How good is our staff team?'.**

There was an on-call system for staff and people to contact the service outside of office hours, however on-call communication logs were not kept nor reviewed for patterns, and records of late or missed visits had not been maintained. This raised potential risk for people's wellbeing. We asked the manager to keep a clear record of these moving forward.

## How good is our staff team?

## 3 - Adequate

3.2 We evaluated this quality indicator as good as several strengths impacted positively on outcomes for people.

The manager had worked hard to support both staff and the people receiving care. During the inspection, staff recruitment records were reviewed, and feedback was given about ensuring right to work checks were clearly evidenced. Although this was already part of the policy, the manager added it to the checklist during the visit. Overall we concluded people benefitted from safe and effective recruitment practices in line with national guidance. Staff were appropriately registered with their professional body and the manager held a record of this.

People can expect that staff competence is regularly assessed to support better outcomes for people. Observations of staff practice had been limited, which meant there was little oversight of how training was being applied. This needed to be addressed to ensure safe and effective care. **See area for improvement 1.**

Staff training and supervision had not been well organised. Completed training records were provided showing staff were compliant in several key areas. While this was a positive step, a clear and consistent training plan was needed to ensure all staff were fully trained, covering both mandatory and person-specific learning. A plan was shared with us to restart supervision by November, showing some progress and it was positive to see people using the service were able to feedback about the staff providing support. Where supervision had been undertaken this was constructive. However, delays in supervision and the absence of team meetings had prevented staff from reflecting, learning, and sharing skills. To improve outcomes for people, staff should have regular training, supervision, and opportunities to develop their practice. Insufficient staffing impacted on staff accessing training and supervision. **See area for improvement 1.**

Despite the staffing challenges, staff said they felt valued and were willing to help cover for colleagues who were off sick or on leave. Whilst there was no specific focus on wellbeing, staff felt able to approach the manager for advice and support.

3.3 We evaluated this quality indicator as adequate; a number of strengths were evident however, these just outweighed areas for improvement. Strengths still had positive impact for people, though key areas of performance needed to improve. This means overall the evaluation for key question three is adequate.

Staff were caring, compassionate, and responsive to individual preferences. People knew who was coming to support them, and relationships were warm and respectful, with meaningful engagement such as singing and conversation. When someone preferred a particular staff member, this had been accommodated where possible. People felt confident contacting the office with concerns, and relatives shared they were happy with the care their loved ones received.

Staff rotas were issued weekly, and while most staff said they were satisfied, earlier notice would have

helped with planning and staff wellbeing. Staff shared they were flexible with rota changes. There was no formal method used to assess staffing levels (hours) and staff arrangements remained somewhat static. Support hours to be delivered to people were exactly the same as the available staff hours. This meant staff were only available for direct support and had no additional scheduled time for other essentials such as training, supervision, annual leave or absence capacity. We were not clear that the right number of staff with the right skills were working to support people's outcomes as there was no clear link to assessed needs or staffing required within people's care plans.

There was no clear contingency plan to allow for monitoring of staffing levels, staff training, leave or sickness. The manager worked over four days, and although there was an on-call system, no logs or handovers were available, this gave concern that information may be missed or not be shared appropriately impacting on people's outcomes. There was no qualified depute in place, staff who manned on-call telephones were not trained to supervisor level. We concluded that there was insufficient staff and insufficient management arrangements in place. **See area for improvement 2.**

We had concerns that staff who were supporting people in the community did not have access to a suitable trained, experienced, qualified person to gain advice and direction from in the event of any incident out with the Monday to Thursday hours covered by the manager. If the manager was on leave, there was no suitable cover. A staff member was being developed for a senior role, which was a positive development, but this highlighted that staffing arrangements were not right.

To ensure people continued receiving safe and effective care, the service needed a reliable way to assess staffing needs, provide adequate cover, and restore regular supervision and team meetings. Without these changes, the service risked falling short of what people needed. **See area for improvement 2.**

Despite ongoing staffing challenges, efforts had been made to fill vacancies and maintain continuity. The manager had continued to step in when needed, although there were plans to free her up to focus on leadership duties following induction of new staff.

## Areas for improvement

1.

To ensure people benefit from trained and competent staff, the provider should ensure all staff have completed mandatory training, receive regular competency assessments and have access to supervision and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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) and 'I use a service and organisation that are well led and managed (HSCS 4.23).

2.

To ensure people benefit from sufficient numbers of staff and that staff are deployed with the right skills and knowledge to support people at all times, the provider should:

- a) demonstrate how people's assessments are used to inform staffing numbers and arrangements and assess current staffing levels
- b) ensure appropriate depute cover for the manager including contingency to allow for staff training, leave and absence.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My needs are met by the right number of people' (HSCS 3.15) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## 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 improve understanding of Adult Support and Protection (ASP) processes, the provider should provide ASP training based on Scottish legislation, this is to ensure staff are clear about their responsibilities to report changing needs, risks and issues which might impact on people's wellbeing and safety.

This is to ensure 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 3.20).

**This area for improvement was made on 16 August 2024.**

#### Action taken since then

We noted evidence that staff were trained in Adult Protection based on Scottish legislation. There had been some longer term staff absence and assurance was given these staff would be supported to complete the training on return. Staff we spoke with confirmed they had completed the training. Staff would benefit from their competency in this area being regularly assessed.

**This area for improvement is met.**

### 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

  

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate



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