

Arran Action Care Ltd Support Service

Unit 1
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Lamlash
Isle of Arran
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Type of inspection:
Announced (short notice)

Completed on:
16 September 2025

Service provided by:
Arran Action Care Ltd

Service provider number:
SP2023000462

Service no:
CS2024000044

About the service

Arran Action Care is a support service based on the Isle of Arran. It operates out of an office base in the village of Lamlash.

The service is provided to older people over the age of 65 in their home and in the community.

At the time of this inspection the service supported two service users.

About the inspection

This was a short announced inspection which took place on 3, 8 and 12 September 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:

- spoke with two people using the service and three of their family and friends
- spoke with two staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service delivered person-centred care to a very small number of people, with positive feedback from service users and relatives.
- There was very limited quality assurance and improvement planning.
- The very small staff team needed more formalised contingency planning.
- Care planning was appropriate but needed more evaluative review processes.

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?	4 - Good
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.

Service users expressed satisfaction with the care they received, describing staff as polite, reliable, and respectful. Medication support for the main service user was safe, and staff demonstrated knowledge of medication purpose and administration.

Medication administration was initially recorded in daily notes rather than on a Medication Administration Record (MAR) sheet. However, on our request, a MAR sheet was requested and implemented at the time of inspection (**see area for improvement 1**). This was because the level of support with medication at times exceeded prompting and to make the documentation easier to audit.

Staff completed detailed daily notes that included information about people's wellbeing. Staff knew the long-term service user very well and could spot changes to her wellbeing. There was strong evidence that external health professionals were appropriately involved by the service to support the service user's healthcare, when necessary.

Care plans included relevant health information and were updated to reflect changes in support needs. The involvement of a relative, who appreciated access to the electronic care planning system, enhanced transparency and involvement.

Care reviews lacked evaluative depth and context, limiting their effectiveness in assessing outcomes. Robust documentation of support with medication and regular, evaluative reviews are essential for identifying changes in people's support needs and ensuring that care remains appropriate and effective. Without these, there is a risk that care may not adapt effectively enough to changing circumstances (**see also section 'How well is our care and support planned**).

Areas for improvement

1. To ensure best practice in medication management, the provider should ensure consistent use of Medication Administration Record (MAR) sheets and robust documentation protocols. This should include, but is not limited to, regular checks of MAR sheets and ensuring all medication administration is recorded accurately and promptly.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?**3 - Adequate**

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

The service used an electronic care planning system, which included basic quality assurance functions such as flagging overdue assessments. A document titled 'Arran Action Care Quality Assurance' outlined current challenges and priorities.

A range of regularly reviewed policies and procedures to direct service delivery and a complaints procedure were in place; no complaints had been received by the service.

No formal quality assurance system or completed audits were in place. The existing quality assurance document was not structured as an actionable improvement plan. The provider was advised to implement basic audits (**see section 'How well do we support people's wellbeing'**) to establish a quality assurance process.

The absence of structured quality assurance limited the service's ability to identify and address areas for improvement systematically. This meant that improvements were reactive rather than proactive, and there was little evidence of a culture of continuous improvement. A previous area for improvement for quality assurance processes was not met and was re-stated (**see area for improvement 1**).

Effective quality assurance processes are essential for identifying risks, learning from incidents, and driving improvement. Without them, there is a risk that weaknesses will persist and that the service will not adapt to changing needs or expectations.

Areas for improvement

1. To support people experiencing consistently safe and good quality care that enables them to experience good outcomes, the provider should implement effective quality assurance systems and improvement plans.

This should include, but is not limited to, ensuring that the pace of implementing improvements reflects the urgency of the problem.

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 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.

There was strong evidence that the current staffing arrangements and skills met people's needs. Service users and relatives reported positive relationships with staff, describing them as friendly, respectful, and reliable. Support times were clearly documented in care plans. Staff demonstrated flexibility and commitment, often going 'the extra mile' to support service users.

Staff had easy access to a variety of training to keep their existing skills up-to date or to learn new skills. There was strong evidence that service supported staff with gaining additional qualifications. This helped to support the quality and safety of people's care and support.

The staff team was very small (two full time and one part-time staff member), limiting capacity for rota planning and contingency. No formal analysis of staffing effectiveness or skill mix was evident. There was no documented contingency plan in place. This could impact the continuity and quality of care provided.

Robust staffing arrangements and contingency planning are essential for ensuring that people receive consistent and reliable care, even in the event of staff absence or other challenges (**see area for improvement 1**).

Areas for improvement

1. To ensure continuity of care, the provider should develop and implement staffing contingency plans and consider expanding the team to ensure resilience. This should include, but is not limited to, having a documented plan for covering staff absence and ensuring there are enough staff with the right skills to meet people's needs.

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

'My needs are met by the right number of people' (HSCS 3.15).

How well is our care and support planned?

3 - Adequate

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

The care planning process was functional and person-centred. Care plans were up to date and available both electronically and in service users' homes. Plans included outcome-oriented sections and life history details, particularly for the main service user. There was evidence of regular reviews and updates in response to changing needs.

Daily recordings had been completed to a good standard, reflecting the type of support provided. The electronic care plan system shared these notes with relatives to help keep them up-to-date.

Reviews lacked evaluative content and context. There was no evidence of a structured approach to evaluating plans and outcomes. Regular care plan evaluations and more evaluative reviews were needed.

The lack of evaluative reviews meant that it was difficult to assess whether care was achieving the desired outcomes, and to identify areas where changes might be needed. Regular, outcome-focused reviews are essential for ensuring that care remains appropriate and effective, and for supporting people to achieve their goals and wishes (**see area for improvement 1**).

Areas for improvement

1. To ensure care planning is outcome-focused, the provider should implement regular care plan evaluations and evaluative reviews. This should include, but is not limited to, involving people and relevant professionals in reviewing whether care plans are achieving the intended outcomes and making changes where needed.

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

'My personal 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).

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 support people experiencing consistently safe and good quality care that enables them to experience good outcomes, the provider should implement effective quality assurance systems and improvement plans.

This should include, but is not limited to, ensuring that the pace of implementing improvements reflects the urgency of the problem.

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).

This area for improvement was made on 8 November 2024.

Action taken since then

The service continued to work with mainly one permanent service user. There was currently one other, temporary, service user who received personal care twice a week.

The service had no measurable systems for quality assurance in place, but the provider maintained a document, named 'Arran Action Care Quality Assurance' which summed up the service's current priorities and challenges. However, this document was not in the form of an effective and measurable action plan.

The service used an electronic care planning system, which included basic quality assurance systems, such as flagging up if an assessment or review are overdue.

The service needed more time to demonstrate the implementation and use of effective quality assurance systems.

This area for improvement was not met and will be re-stated.

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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
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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