

## Adigo Care Housing Support Service

Adigo House  
28 Longridge Road  
Whitburn  
Bathgate  
EH47 0DE

Telephone: 07828919354

**Type of inspection:**  
Unannounced

**Completed on:**  
23 October 2025

**Service provided by:**  
Adigo Limited

**Service provider number:**  
SP2018013138

**Service no:**  
CS2024000422

## About the service

Adigo Care was registered with the Care Inspectorate on 12 November 2018. The service is registered to provide care and support to older people and adults with a variety of needs living in their own homes within Central Scotland.

The service operates from an office base in Whitburn. At the time of the inspection the service provided care and support to approximately 338 people. The structure of the service included a registered manager, team leaders, co-ordinators, a quality assurance officer and a team of carers.

## About the inspection

This was an unannounced inspection which took place on 22 and 23 October 2025 to follow up on a requirement and areas for improvement made at a previous inspection in June 2025 and at complaints investigations in August 2024 and September 2025. The inspection was carried out by two 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.

During this inspection we spoke with two people using the service and five of their relatives. We also spoke with six staff and management and reviewed a range of documents.

## Key messages

- Systems to ensure that people received personalised, safe and effective support with their medication had been reviewed and amended and the requirement about this had been met.
- Review and auditing of personal plans (care plans) and risk assessments were ongoing to ensure these were person-centred, and contained accurate and detailed guidance for care staff to follow, to ensure positive outcomes for people.
- All areas for improvement made previously had been met.

## 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
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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

At our inspection in June 2025, we made a requirement to ensure that people could be confident they would receive safe, high quality medication support, provided in line with each person's assessed level of need and that staff adhere to best practice guidance. Because this requirement was met (see section: 'What the service has done to meet any requirements we made at or since the last inspection'), and had resulted in improvements in how the service supported people's wellbeing, we re-evaluated this key question from adequate to good. An evaluation of good means there were several strengths that impacted positively on outcomes for people.

The service had worked hard to ensure that people received personalised, safe and effective support with their medication. They had reviewed and amended their policy and were reviewing and auditing people's personal plans (care plans) and risk assessments to ensure these were person-centred, and contained accurate and detailed guidance for care staff to follow, to ensure positive outcomes for people.

Consistency of staffing had also improved and most people we spoke to told us they now had regular care staff. The service had improved their process for communicating changes to people when possible.

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

### Requirements

#### Requirement 1

By 23 September 2025, the provider must ensure people are confident they will receive safe, high quality medication support that is provided in line with each person's assessed level of need and that staff adhere to best practice guidance.

To do this, the provider must, at a minimum:

- a) ensure there is clear and consistent information about people's assessed support needs in terms of medication, throughout all relevant documentation including care plans, risk assessments and medication administration records (MARs)
- b) ensure staff are trained, knowledgeable, and assessed as competent in medication administration and recording and that there is evidence that this is reflected in their practice
- c) ensure support with medication is appropriately and accurately recorded and effectively audited

d) ensure that all relevant medication is documented appropriately on MARs, including details of time-critical, time-limited and 'as-required' medication.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 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

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

**This requirement was made on 4 August 2025.**

### Action taken on previous requirement

We followed up on this requirement at our inspection. The leadership team had implemented a plan of review and audit of each person's care plan, risk assessments and electronic medication administration records, to ensure there was clear and consistent information about people's assessed needs in terms of their support with medication. Staff training was ongoing, enhanced by extended shadowing for new care staff and regular competency observations for all staff to reduce the likelihood of medication errors during staff practice. There were ongoing audits of medication support and clear instructions for staff in the event of any error, to ensure that support was safe and effective.

**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

The provider should ensure complaints and concerns are handled, recorded and resolved in a transparent and professional manner, and the complaints policy updated to clearly define what is considered a complaint or concern. This should ensure that people using the service feel their concerns are dealt with in a fair way with no negative impact on service delivery. The provider should also ensure that key staff have training about complaint handling and have a consistent approach to implementing the policy.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4:21).

**This area for improvement was made on 4 August 2025.**

## Action taken since then

We followed up on this area for improvement at our inspection. The service had updated their complaints policy and had a clear process in place for staff to follow to ensure all concerns and complaints were appropriately handled and documented. There had been a team meeting with key staff to ensure a consistent approach to implementing the policy. We could see that concerns had been more regularly highlighted to allow appropriate action to be taken at an early stage.

**This area for improvement has been met.**

## Previous area for improvement 2

The provider should ensure that people are communicated with about changes to their care and support, wherever possible.

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

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say in who provides my care and support' (HSCS 3.11).

**This area for improvement was made on 4 August 2025.**

## Action taken since then

We followed up on this area for improvement at our inspection. We could see that consistency of staffing had improved and that the service had improved their process for communicating changes to people when possible. Most people and relatives we spoke to told us they had regular staff who attended when expected and that communication was good. There was online access to visit scheduling arrangements, or a weekly timetable of carers due to attend where this was preferred. The service agreed to ensure that all people were aware of these options.

We discussed with the service a concern which had been shared with us about gender preference and the timing of visits which was impacting on support for one person. The service agreed to look into this.

**This area for improvement has been met.**

### Previous area for improvement 3

To ensure positive outcomes for people, the provider should ensure reviews are carried out every six months and provide the key elements necessary to ensure the review is person-centred, accurate and evaluative of the quality and effectiveness of the care.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

**This area for improvement was made on 12 September 2025.**

#### Action taken since then

We followed up on this area for improvement at our inspection. We talked through best practice with the manager and that people's care and support should be reviewed every six months, or earlier if there was any change to their needs, wishes or preferences, with any changes updated in their care plans. Some documents still detailed the date of next review as 12 months, however, we could see that reviews were being carried out at least six monthly and whenever people's needs, preferences and wishes changed. The service agreed to ensure that review dates were appropriately documented. There was already a process in place to ensure there was sufficient management oversight of reviews.

**This area for improvement has been met.**

### Previous area for improvement 4

People experiencing care and or their chosen advocates should be confident that if they raise concerns with their service provider, these will be responded to appropriately.

In order to achieve this the provide should:

- Ensure there is a robust policy in place with clear guidance for staff and the complainant to follow when concerns and complaints are raised.
- The manager and support staff should respond to concerns raised appropriately and through their complaints policy, that communication is clear consistent and in the complaints preferred method of communication.
- This is to ensure there is a clear pathway in to the concerns raised and any actions identified.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: 'I know how, and I can be helped, to make a complaint or raise a concern about my care and support'.

**This area for improvement was made on 23 August 2024.**

#### Action taken since then

We followed up on this area for improvement at our inspection. This detail of actions taken on this area for improvement have already been covered in area for improvement 1.

**This area for improvement has been met.**

## Previous area for improvement 5

To support positive outcomes for people, care plans should be person centred and provide accurate and detailed guidance for care staff to follow.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 12 September 2025.**

### Action taken since then

We followed up on this area for improvement at our inspection. The ongoing plan of review and audit of each person's care plan, risk assessments and electronic medication administration records, was helping to ensure there was clear, consistent and accurate information about people's support. Care plans were now person-centred and contained detailed guidance for care staff to follow. Some care plans were more personalised than others, and some were more detailed. We gave advice on how the service could further improve on their work on care plans and they were committed to achieving further improvements in this area.

**This area for improvement has been met.**

## Previous area for improvement 6

The provider must ensure that the service is provided at the agreed times and assessed allocated time, and in such a way that meets the identified needs of the service user as recorded in the agreed support plan. If there are changes required to these agreements, these are discussed in detail with the person and or their chosen advocate and social worker.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

**This area for improvement was made on 23 August 2024.**

### Action taken since then

We followed up on this area for improvement at our inspection. This detail of actions taken on this area for improvement have already been covered in area for improvement 2.

**This area for improvement has been met.**



## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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