

Delight Supported Living Ltd Housing Support Service

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Unannounced

Completed on:
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Service provided by:
Delight Supported Living Ltd

Service provider number:
SP2009010723

Service no:
CS2010272480

About the service

Delight Supported Living Ltd is registered to provide a care at home service and registered with the Care Inspectorate in 2011. Hours of support can range from a few hours per day to a few hours per week. The service provides support to children, young people and adults with physical disabilities and/or complex and continuing health care needs in their own home. At the time of inspection, the service was supporting 168 people.

The office base is in Kirkintilloch and is accessible by bus or car. Care and support is provided to people within the community of Kirkintilloch and surrounding areas, including Lenzie, Milton of Campsie, Bishopbriggs, Twechar, Milngavie and Bearsden.

About the inspection

This was an unannounced inspection which took place on 4, 5 and 6 November 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. In making our evaluations of the service we:

- Spoke with 12 people using the service and their family
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- Staffing levels were appropriate and aligned with scheduled support needs.
- People experiencing care expressed high satisfaction with staff, describing them as excellent.
- Instances of lateness were rare and due to external factors (e.g., roadworks).
- Observations and staff feedback indicated sufficient time between visits, with no evidence of staff being rushed.
- Most staff felt well supported under current management, noting significant progress.
- Improvement plans should set clear strategic direction and measurable goals.

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 leadership?	4 - Good
How good is our staff team?	5 - Very Good

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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Feedback from individuals receiving support, as well as their relatives, was overwhelmingly positive regarding the quality of care provided by staff. People consistently expressed satisfaction with how staff attended to their needs and supported their personal outcomes. Some comments were "my independence is coming back, and I really value this, they do everything with good grace and a smile, "What they do really makes a difference as it helps me not to struggle".

A key strength identified was the continuity of care. This consistency fostered familiarity and trust, contributing to strong, person-centred relationships, some comments were "they always know what's to be done even if they've not been before", "They are excellent, no improvements could be made", "Sometimes it can be different staff which isn't good as she has dementia, however one is nicer than the other, can't fault them".

One comment highlighted concern about a perceived lack of emotional support and focus on staff wellbeing, noting that some staff felt overworked, undervalued, and drained. However, during our discussions with the sample of care staff, no similar concerns were raised, and overall feedback was positive.

Communication from the office was reported to be mostly effective and informative, particularly in relation to changes in staffing. Timely updates helped ensure that individuals were not caught off guard and understood what to expect, reducing the potential for confusion or anxiety.

Food preparation and hydration was carried out to a high standard, with people receiving meals and drinks according to their preferences. This aspect of care was also positively highlighted in feedback. Care plans were generally well-constructed, providing clear, step-by-step guidance for staff on how to support each individual. This person-centred approach supported meaningful engagement and tailored care delivery. Sufficient detail was documented for the level of care people needed for their health and wellbeing, including risk assessments and medication administration.

Medication was predominantly administered in accordance with prescriptions and within appropriate timeframes, demonstrating particularly good adherence to protocols. Where minor variations occurred, such as delayed administration, these were clearly recorded with the reasons. This indicated effective oversight and accountability and with limited errors.

The follow-up process following 'as-required' medication being administered should be improved. Currently, there is limited documentation on whether doses are effective, which can impact continuity of care. Introducing a system where the next staff member on duty assesses and records the outcome. This approach would provide clear evidence for whether further intervention, such as a GP referral, is necessary and whether medication was effective (area for improvement 1).

We noted there were no missed visits for people experiencing care which demonstrated a dependable and organised rota system in place. As a result, people's health and wellbeing outcomes were supported by the right people and the right time.

Areas for improvement

1. In order to promote people's health and wellbeing, staff should record and assess the administration of 'as required medication' and its effectiveness. This ensures a timely escalation for further medical intervention if needed by the General Practitioner.

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).

This area for improvement was made 12 November 2025.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Daily notes for February-April 2025 were consistently completed by the manager and staff, documenting performance and any missed staff responsibilities. Non-compliance was followed up promptly through direct communication, to ensure accountability and corrective action. This meant people could be assured of continuous high levels of care.

Most staff reported feeling well supported under current management, with one noting significant progress in a short time, "it's commendable what the manager has addressed and achieved in a short space of time". A few expressed concerns linked to past experiences with previous managers, which contributed to initial apprehension about the new appointment.

Managers agreed that any recurrence of such behaviours would be unacceptable. Several reported feeling well supported, indicating varied past experiences but clear improvement under current leadership.

Seniors, coordinators, and the manager are scheduled to undertake management training modules in the near future. This initiative will strengthen leadership capacity by equipping the management team with the necessary skills and knowledge, to effectively guide and support staff. It reflects a proactive approach to enhancing team performance and service delivery through professional development.

Accident and incident records were completed to a high standard. Incidents were recorded in accordance with internal procedures. The provider should ensure compliance by promptly notifying the Care Inspectorate of any hospital admission following staff contact with emergency services. This is essential for transparency (area for improvement 1).

To support this, the lead inspector has provided the manager with the Care Inspectorate's notification criteria to reinforce expectations and promote consistent practice.

Service user surveys returned predominantly positive feedback. Where improvements were identified, actions were recorded; however, follow-up should be strengthened, to ensure these actions lead to measurable outcomes and sustained improvement.

Regular team meetings provided staff with valuable opportunities to share information, enhance knowledge, and contribute to service improvement.

Staff consistently reported these forums as effective for collaboration and as a safe environment for expressing views, supporting a culture of openness and continuous learning.

Improvement plans should set clear strategic direction and measurable goals. Although the Head of Service confirmed a plan exists, it was not available for review. Without active involvement and regular review by managers, staff, and people experiencing care, the process lacks impact. This area needs attention to drive continuous improvement (area for improvement 2).

Safe recruitment was largely well managed, with procedures followed to meet legal requirements. One reference did not meet standards, but the provider addressed this immediately and strengthened processes to prevent recurrence.

Areas for improvement

1.
To support a culture of continuous improvement, the provider should ensure that the service improvement plan is regularly reviewed and updated, to provide a structured approach to promoting positive outcomes for people.

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 12 November 2025.

2. In order for people to maintain their health and safety the manager should ensure that all significant events are notified to the Care Inspectorate, in line with the published notification criteria. Failure to do so compromises transparency and regulatory compliance. Strengthening this process will support accountability and safeguard people experiencing care.

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 4.19).

This area for improvement was made 12 November 2025.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing levels were appropriate and aligned with scheduled support needs, enabling individuals to achieve their outcomes. People experiencing care expressed high satisfaction, consistently describing staff as excellent. Lateness was rare and linked to external factors. Observations indicated staff were not rushed, and staff reported having sufficient time to travel between visits.

The majority of staff have successfully completed training relevant to their roles and the needs of the individuals they support, including all mandatory modules.

Staff felt they were knowledgeable about people and their conditions. As a result, people were supported by a team of skilled practitioners.

Rota coordinators and care staff confirmed that staff deployment is thoughtfully planned, with careful consideration given to the skill mix when preparing rotas, thereby promoting effective and consistent care delivery.

The manager and coordinators demonstrated effective collaboration in developing staff rotas that were person centred. Their approach ensured that scheduling aligned with the preferences and needs of those receiving care, while also supporting staff wellbeing and operational efficiency. One person told us "I am involved with the church and needed to be up earlier in the morning; this was accommodated without any problem by the manager and staff".

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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