

Adigo Care Housing Support Service

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Type of inspection:
Unannounced

Completed on:
31 October 2025

Service provided by:
Adigo Limited

Service provider number:
SP2018013138

Service no:
CS2024000436

About the service

Adigo Care is registered to provide a housing support and care at home service including palliative care to older people and adults living with disabilities. The provider is Adigo Limited.

Support is provided to people living in their own homes and in the community. The service's office is based in Hamilton, South Lanarkshire. The service is registered to provide support from two staff teams operating within North and South Lanarkshire.

The registered manager coordinates the overall running of the service. The care manager and care co-ordinators hold some management responsibilities for the staff teams who provide direct support to people.

The service provides flexible packages of care and support to meet people's needs within their own home. The range of services includes personal care and support, medication support, and support with domestic tasks. Support provision for people ranged from 15 minute visits to 40 hours per week.

This was the first inspection of the service since it registered on 25 November 2024. At the time of inspection the service was supporting 391 people.

About the inspection

This was an unannounced inspection which took place on 28, 29, 30 and 31 October 2025 between 07:00 and 17:00 hours. The inspection was carried out by three inspectors and an inspection volunteer from the Care Inspectorate.

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

To inform our evaluation we:

- spoke with 20 people using the service and received 11 questionnaire responses from people supported
- received feedback from 30 of their friends and family
- spoke with 21 staff and management
- visited people in their homes and observed practice and daily life
- reviewed documents.

Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to and spend time with people and their families during inspections to ensure their views and experiences are reflected accurately in the inspection.

Key messages

- Staff were caring, attentive, and supportive, contributing to positive relationships and meaningful interactions with people.
- People mostly experienced continuity of care from regular staff, although inconsistent staffing at times impacted the quality of support.
- Staff were responsive to changes in people's health and communicated effectively with professionals, but care plans and reviews did not consistently reflect these changes.
- Six-monthly reviews were tracked but lacked depth and involvement from relevant individuals and must improve.
- Improvements had been made to medication management and oversight to ensure this was in line with best practice.
- Personal plans must be improved to ensure they effectively capture risk and identified need, and are kept up to date to ensure people's needs are effectively met.
- Staff felt supported and valued, with access to supervision, training, and wellbeing resources.
- Quality assurance processes were in place but needed to better capture themes and trends to inform outcome-focused service improvement planning.
- The provider must make improvements to incident recording and investigations, including notifications to relevant bodies to ensure people are safeguarded from risk of harm.

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 just outweighed weaknesses.

People experienced warmth, kindness, and compassion in how they were supported. The majority of feedback from people and their relatives described staff as kind, attentive, and respectful. One relative told us, "They go over and above and anything she wants, staff will support." Another commented, "Very happy with the support, very helpful and very polite." These views were supported by our observations, which showed staff engaging in meaningful interactions, laughing and joking with people, and demonstrating patience and sensitivity.

People experienced care that was responsive to changes in their health and wellbeing. Daily logs showed appropriate communication with external professionals when people's needs changed. This contributed to people feeling safe and supported.

Consistent staff teams allowed people to develop positive and trusting relationships with their staff, and we heard good examples where people benefitted from person centred care. However, we also received feedback expressing concerns about the quality of care when staffing changes had to be made. One relative shared, "When her regular carers are not available, it can be hit and miss as to the carers being aware of her needs." This impacted the continuity and overall quality of care for some people.

We observed positive interactions from staff who had built supportive relationships with people, and most feedback reflected this positively. We shared with the management team that some relatives had raised concerns about staff communication and interaction with people, which the service agreed to continue to monitor. We were assured that staff receive support to develop communication skills as part of their induction and through developmental opportunities.

Staff supported people to make healthier choices around food and drink, and had access to in-house training on food handling and different cuisines to promote choice for people. However, concerns were raised by some relatives about food preparation which we shared with the management team.

People should expect their health to benefit from the care and support provided. We found examples where care plans lacked sufficient detail to guide staff on how best to meet people's needs and preferences. We shared examples where specific needs had been identified but saw no evidence of detailed care plans and risk assessments to guide staff practice. For example, where people were at risk of weight loss, malnutrition or falls. While consistent staff teams knew people well, people could be at risk to their health and wellbeing if information is not accurate and up to date. These gaps in planning and documentation could compromise people's health and wellbeing and require improvement. (See requirement 1).

Six monthly reviews of personal plans were taking place however we could not always see evidence of the appropriate people being involved in this process, for example where power of attorney was in place. Although reviews gave people the opportunity to reflect on the quality of the service received, improvements should be made to ensure these are effective in capturing any changes and keeping personal plans accurate and up to date. See Key Question 5 - How well is our care and support planned?

Improvements had been made to medication processes to ensure these were safe, effective and in line with best practice. Staff had access to up to date information for people supported via an electronic system, and guidance was available to guide.

Requirements

1. By 26 January 2026, you must ensure that the health and wellbeing needs of people experiencing care that have been assessed as being at risk are accurately monitored, recorded and reviewed. In particular you must ensure that:

- (a) there is a clear system for ongoing daily recording in care plans, risk assessments and related personal planning documentation when this is required;
- (b) care plans, risk assessments and related personal planning documentation provide clear and accurate information on the health and care needs, including that which requires monitored and actions to be taken; and
- (c) staff are aware of the importance of accurately completing care plans, risk assessments and related personal planning documentation, and their accountability in line with professional Codes of Practice.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14); and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While there were positive aspects of leadership and management, key areas require improvement to ensure robust oversight and continuous improvement.

Staff spoke positively about the leadership team, describing managers as accessible, supportive, and responsive. Monthly managers' meetings were taking place across services, with input from the provider and senior team. Minutes now included actions and follow-up, which supported improved governance and accountability.

A range of audits were in place, including supervision compliance, medication, service user reviews, and incident registers. We saw improvements had been made to medication audits to track actions and outcomes. However, current audit practices lacked depth limiting the ability to identify trends and drive improvement. There was little evidence of thematic analysis or follow-up actions, which restricted opportunities for learning and improvement. This could lead to missed opportunities to improve person-centred care and safety. Improvements to quality assurance systems will support a culture of continuous improvement in the service. (See area for improvement 1).

There had been a number of incidents over recent months which had not always been notified to the Care Inspectorate as required. For example, incidents involving the police, an injury to a service user during care delivery, and an allegation of abuse from a person supported. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly. The absence of required notifications gave us concerns over management oversight and awareness of what was happening within the service. (See requirement 1).

Oversight of incidents should be improved. While incidents were recorded internally, there was limited evidence of analysis or comprehensive oversight. Systems should be in place to ensure incidents are consistently reviewed, with patterns identified and appropriate actions taken. This will help ensure people are kept safe and that learning is embedded into practice. (See area for improvement 1).

Observations of staff practice had been taking place covering key areas such as infection prevention and control, moving and assisting, and staff interactions. This provided an opportunity for the management team to provide feedback on good practice as well as highlight areas for development.

People had the opportunity to share feedback on the service via mechanisms such as six-monthly review calls and questionnaires. This approach supports people to feel included and listened to. This process could be further strengthened by evidencing how feedback is used to inform the ongoing service development plan. A service development plan was in place which outlined compliance and growth targets but lacked a strong focus on outcomes for people. The service had begun to use self-evaluation tools to identify key areas for development. Service development processes could be further improved by developing a SMART outcome-focused service improvement plan to drive meaningful improvements. (See area for improvement 2).

We received mixed feedback from people we spoke to about communication with the service. Some people found the management team to be responsive whilst others raised concerns that communication could at times be poor. We saw evidence of the service following the internal complaints policy. We suggested this process could be strengthened by improved oversight and analysis of all concerns raised to the service, which the management team agreed to take forward.

Requirements

1.

By 26 January 2026, you must ensure people experiencing care have confidence the service received by them is well led and managed. You must support outcomes through a culture of continuous improvement, underpinned by robust investigations when incidents occur and transparent communication with other relevant bodies. This must include, but is not limited to:

- (a) ensure all staff recognise and report incidences of harm or potential harm;
- (b) implement a robust system for recording and oversight of all incidents and show actions taken including thorough investigations;
- (c) liaise with all other relevant bodies, such as health and social care partnerships or Police Scotland as necessary; and
- (d) submit timeous notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with section 53(6) of the Act and 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 the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and

transparent quality assurance processes". (HSCS 4.19) and "I use a service and organisation that are well led and managed".

Areas for improvement

1. People experiencing care should have confidence the service received by them is well led and managed. The provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This should include, but is not limited to:

- a) assessment of the service's performance through effective audit;
- b) areas for improvement are identified through audit;
- c) quality assurance data is analysed to inform the actions required to support positive outcomes for people experiencing care, staff learning, and the service's improvement plan;
- d) implement action plans which set out specific, achievable, and realistic actions required to address; and
- e) review the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.

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).

2. To strengthen opportunities for people to influence service development, the provider should evidence how feedback from people receiving care, staff and stakeholders informs the ongoing service development plan. The plan should include clear, outcome-focused actions that reflect people's priorities and experiences.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths clearly outweighed areas for improvement.

We received positive feedback on the staff within Adigo Care. One person told us, "the carers are attentive, polite and friendly". We observed staff interacting warmly with people supporting good outcomes.

There was an effective process in place for assessing staffing levels. Attempts were made to ensure that people experienced consistent staff teams to support continuity of care, and people told us they were kept up to date when unplanned changes had to be made.

Staff worked at a pace that met people's needs. People told us staff had time to spend with them, and we saw evidence that meaningful contact was encouraged, for example through team meeting minutes. While no concerns were raised, we identified a gap in how the management team monitors visit times and durations. Strengthening quality assurance processes will provide effective oversight and help ensure people's needs continue to be met. (See area for improvement 1).

People's preferences for male or female carers were not consistently recorded, and some people told us their choices were not always respected, particularly when unplanned changes were required. People did not have access to planned rotas, which had the potential to cause anxiety or distress when people did not know which staff would be attending or when. The management team acknowledged the need to ensure communication is meaningful and suited to people's preference. Strengthening assessment and personal planning to effectively capture and record these preferences will help ensure people's choices and needs are upheld. (See area for improvement 2).

Staff were flexible and worked well together to benefit people supported. Staff we spoke to were very positive about working in Adigo Care, and reported feeling valued as part of the team. This helps to ensure a positive culture within the service.

Team meetings were held every six months and provided opportunities for staff to raise issues and provide updates on the service. We discussed ways to strengthen meetings, by capturing a record of two way discussion, action tracking, and a focus on staff wellbeing. The management team were in the process of updating their documentation to support these improvements.

Supervision was provided in line with the service policy using good templates that covered key areas. Staff had access to a robust induction which was had the potential to be tailored to meet their needs. We signposted the service to the new National Induction Framework.

Areas for improvement

1.
To ensure that people consistently receive the right level of support at the right time, the management team should implement quality assurance processes to monitor visit times and durations.

This is to support positive outcomes for people in line with the Health and Social Care Standards, which state: "My needs are met by the right number of people" (HSCS 3.15).

2. To support people's dignity, comfort, and choice, the provider should ensure that staffing preferences, including gender preferences, are consistently discussed and recorded during initial assessments and care reviews. This will help ensure that people are supported by staff who meet their personal preferences and that these are respected and upheld in day-to-day care delivery.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): "I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with" (HSCS 3.8).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While there were some examples of person-centred planning, inconsistencies in care documentation and review processes limited the effectiveness of care and support planning.

Personal plans were in place for all people using the service captured on an electronic system. Plans captured people's social history and intended outcomes, but lacked sufficient person-centred detail to guide meaningful care. Generic language was used throughout and they lacked detail to reflect people's

preferences, routines, or lived experiences. We directed the management team to best practice guidance, "Guide for providers on personal planning: Adults" (Care Inspectorate, 2021) to support with improvements. (See area for improvement 1 and 2).

Risk assessments were in place for some people, however we found areas of risk which were not effectively recorded. Some key areas of risk such as falls, environment or medication risk assessments were missing for some people. Where people had an identified care need such as mobility, continence care or nutrition, we could not always see care plans in place to guide staff on how to meet these needs. This limited staff's ability to deliver care in a way that was responsive and tailored to people's needs, and places people at risk of failure to have their needs met. Personal planning should improve to effectively guide staff on how to continue to meet people's needs in a safe and effective way. (See area for improvement 1, and Key Question 1 - How well do we support people's health and wellbeing, requirement 1).

There was a process in place for six monthly reviews, however records were not comprehensive or effective in ensuring personal plans remain up to date and accurate. We could not see evidence of personal plans being fully updated alongside reviews taking place which has the potential to lead to out of date information being recorded. Families told us they had some involvement in reviews however this was not being carried out consistently with the relevant people for everyone. Six monthly reviews of personal plans should take place involving relevant staff, stakeholders and people being supported. This will ensure information remains accurate and supports improved outcomes for people. (See area for improvement 2).

Where people lacked capacity, records failed to detail legal powers such as power of attorney and we could not be sure consultation was always carried out with the appropriate representative. For example when care plans were updated. People's legal status should be clearly recorded in personal plans to protect people's legal rights and ensure relevant people are included and involved in decisions about care and support. (See area for improvement 3).

Areas for improvement

1. To support positive outcomes for people, the provider should ensure care plans provide robust detail on assessed needs and preferences for staff to follow. Care notes should be clear and accurate. This should include a quality assurance system to demonstrate managers are involved in the monitoring and the auditing of records.

This is to ensure care and support is consistent with Health and Social Care Standards which state: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

2. To ensure people experience care and support that is right for them, the provider should improve the quality and consistency of six-monthly reviews. Reviews should be comprehensive, reflect any changes in people's health and wellbeing, and include input from relevant individuals such as family members, legal representatives, and core staff. Personal plans should be fully updated following reviews to ensure they fully reflect people's current and future needs, risks, choices and wishes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): '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).

3. So people can be sure when decisions are made the right people are involved, the service provider should ensure there is a clear record of legal status and who holds specific powers.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

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

Requirements

Requirement 1

By 6 October 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 in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210) This is to ensure care and support is consistent with Health and Social Care Standard 1.24: Any treatment or intervention that I experience is safe and effective.

This requirement was made on 26 August 2025.

Action taken on previous requirement

Medication care plans and risk assessments were in place for the majority of people, which provided guidance for staff on how people should be supported. Medication administration records (MARs) were recorded electronically for all relevant medication including as required medications. Staff were clear on the process and their responsibility to inform the management team of any changes to medication which ensured records remained accurate and up to date. The training overview showed good compliance with medication training and staff presented as confident and competent to support with medication. More detailed and comprehensive observations of practice were now taking place regularly to ensure staff were knowledgeable and supported people in line with best practice. Medication audits were taking place with actions documented and outcomes recorded. We discussed how this process could be further strengthened to support consistency and the quality of process. We have reported on this further under Key Question 2 - How good is our leadership?

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 support positive outcomes for people, the provider should ensure all support visits occur within a 30 minute window of the agreed time and that people are supported with care needs and preferences as agreed in their personal plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 26 August 2025.

Action taken since then

People shared positive feedback on staffing arrangements, and knew when to expect staff due to consistent staff teams and schedules. People told us that communication from the office was good and they were kept informed of any unplanned changes such as staff running late. Some people raised concerns that their preferences were not always maintained. We have made a new area for improvement relating to this under Key Question 3 - how good is our staff team?

This area for improvement has been met.

Previous area for improvement 2

To support positive outcomes for people, the provider should ensure care plans provide robust detail on assessed needs and preferences for staff to follow. Care notes should be clear and accurate. This should include a quality assurance system to demonstrate managers are involved in the monitoring and the auditing of records.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 26 August 2025.

Action taken since then

Care plans failed to provide robust and accurate information on people supported. Plans lacked person centered detail to guide staff on how to meet people's needs effectively. We saw some inconsistencies in the accuracy of care notes and there was no clear evidence of auditing of records taking place regularly.

This area for improvement has not been met.

Complaints

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

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
3.3 Staffing arrangements are right and staff work well together	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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