

## Acadability Support Service

Acadability Limited  
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**Type of inspection:**  
Unannounced

**Completed on:**  
3 December 2025

**Service provided by:**  
Acadability Limited

**Service provider number:**  
SP2017012934

**Service no:**  
CS2017357054

## About the service

Acadability (Academy House Alexandria) is provided by Acadability Ltd and is a premises-based day service within West Dunbartonshire. The service can be accessed by up to 30 adults with learning disabilities, sensory impairments and complex needs.

The premises are all on one level and have been adapted to ensure people can access all areas. There are several communal rooms which accommodate a range of activities, for instance, arts and crafts, cooking and relaxation. There are also three adapted toilets with one including an adapted toilet and changing facilities. The service has a private accessible garden for outdoor space and gardening.

At the time of inspection, the service were supporting 19 people.

## About the inspection

This was an unannounced follow up inspection which took place on 2 December 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. To inform our evaluation we:

- spent time with two people using the service
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Quality assurance processes were in place and enabled the service to better identify and address areas for improvement. Action plans need further development and will be an area for improvement.

Training, supervision and competency observations schedules were now in place which meant support for staff had improved.

Competency checks on record keeping had been completed which meant that staff were reporting in alignment with expected standards.

Regular team meetings were supporting staff learning and development.

The service requires time to embed and sustain these improvements.

## 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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

## 3 - Adequate

We made a requirement in July 2025 to ensure that the service was led well and quality assurance systems across the service were effective (refer to section "What the service has done to meet any requirements made at or since the last inspection"). The service had processes in place to support identifying areas that required improvement made improvements with identifying issues that required improvement. Further improvements were required with their action planning (see area for improvement 1).

The service needs time to work on their action plans and demonstrate that the improvements they have implemented are fully embedded and have been sustained.

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure all action plans generated from quality assurance activities are specific, measurable, achievable, realistic and time-bound (SMART). This should include but not limited to action plans generated from minutes of meetings across the service.

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).

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

### Requirements

#### Requirement 1

By 27 October 2025, the provider must ensure the service is well led and managed and people receive care and support that is safe which meets their needs through robust quality assurance.

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

- a) ensure managers and senior staff have the right skills and knowledge to quality assure all aspects of care and support delivery
- b) monitor and review quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported.
- c) devise clear action plans with timescales where deficits and/or areas for improvement have been identified.

This is to comply with Regulation 3 and 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 7 July 2025.**

#### Action taken on previous requirement

Quality assurance training for the management team has not yet been completed but had been planned. A new manager had been appointed which meant there was now a stable management team in place. A monthly management report was now in place which provided oversight of key areas across the service, such as, people's health and wellbeing, staffing, accidents and incidents. There was information about how all significant events were being followed up.

Quality control and assurance systems had been implemented with audits now carried out weekly and monthly to identify issues that could impact on people's support. Action plans from these audits fed into the service development plan. However, the development plan lacked detail on the progress of actions making it difficult to determine the stage of improvement. We provided feedback to the management team on strengthening their action planning. We have issued an area for improvement, please refer to section "How good is our leadership".

#### Met - within timescales

### Requirement 2

By 27 October 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role. This should include but is not limited to training that would enhance people's preferred communication needs
- b) maintain an accurate record of all staff training, including refresher training
- c) monitor and evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

**This requirement was made on 7 July 2025.**

## Action taken on previous requirement

A training schedule was now in place covering key areas such as moving and handling and adult support and protection. This included any specialist courses required. The schedule also recorded when staff attended training and when updates were due. Staff practice was observed across different aspects of care, giving assurance that training was being effectively translated into practice. Most staff had received both supervision and direct observation. Monthly themes of practice observations were evident, for example, November focused on moving and handling. There was limited evidence of training needs analysis however, the management team knew people well and their knowledge and experience had shaped the training planner. We shared that this could be further improved upon which the service agreed to action. The service now needs time to embed these improvements to ensure these are sustained.

**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 staff learning and development, all staff should be offered supervision and attend team meetings on a regular and structured basis.

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, and are able to reflect on their practice and follow their professional and organisational code." (HSCS 3.14).

**This area for improvement was made on 7 July 2025.**

#### Action taken since then

Since the last inspection, regular supervisions and team meetings had taken place. The manager implemented schedules to track supervisions and competency observations. Team meeting minutes captured staff input and action plans were generated from these discussions.

This area for improvement has been met.

#### Previous area for improvement 2

To support people's wellbeing, the service needs to complete competency checks of record keeping.

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 because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 31 August 2023.

#### Action taken since then

The competency checks completed were detailed and to the standard the service expected. Practice monitoring sheets were in use and competency checks of record keeping had been completed in October 25.

This area for improvement has been 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate



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