

## Pin-Point Health & Social Care Support Service

11A Westhill Business Park  
Arnhall Business Park  
Aberdeen  
AB32 6UF

Telephone: 01224 392212

**Type of inspection:**  
Unannounced

**Completed on:**  
5 November 2025

**Service provided by:**  
Nova Payroll Management Services  
Ltd

**Service provider number:**  
SP2014012262

**Service no:**  
CS2014324191

## About the service

Pin-Point Health & Social Care is a service provided by Nova Payroll Management Services Ltd. It is registered to provide a support service to adults living in their own homes or in the community.

At the time of the inspection the service was supporting approximately 100 people living in their own homes across Aberdeen City and Aberdeenshire.

## About the inspection

This was an unannounced inspection carried out between the 27 and 29 October 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service
- spoke with four families of people using the service
- spoke with eight members of staff and the management team and received feedback from two staff
- received feedback from three external professionals
- received online surveys sent out prior to the inspection. We received feedback from 29 people who used the service and their families and 13 staff members
- observed practice and daily life
- reviewed documents.

## Key messages

- Due to difficulties with recruitment, members of the management team were often providing direct care, which impacted on their ability to safely manage the service.
- Most people were happy with the support they received from their regular staff, however experiences were inconsistent.
- Personal plans did not accurately reflect people's needs which meant that people may not receive the right support.
- People often did not know which staff would be supporting them and weren't informed in advance and timings of visits were not always aligned with people's needs.
- Improvements were required to quality assurance processes to improve outcomes for people.
- There was mixed feedback from staff about the support they received from the management team.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Feedback and experiences about the service were mixed. Some people and their families raised concerns about the care from unfamiliar staff. One family said their relative would only shower with carers they knew. Another person told us that "random" staff turned up at the weekends who they had not met before, this included to support with intimate personal care. As a result, the quality of care was inconsistent, and people's outcomes were not always being met. (see requirement 1 under key question 3 "How good is our staff team?")

Most people were happy with the care they received from staff who supported them regularly and we observed friendly and respectful interactions. People said, "I am very happy with my main carer", another commented that "things ran smoothly" when they had their regular staff. One family told us they "really appreciated" "the kindness shown by the carers".

Regular staff understood people's health and wellbeing needs and knew what support to provide during visits. Staff completed records after each visit, which kept both the staff and the management team up to date with the support provided.

External professionals raised concerns about the information recorded in people's personal plans and whether staff were following moving and handling guidance. The personal plans we sampled contained limited information, and we found no evidence of multi-disciplinary involvement (see key question 5 "How well is our care planned?"). As a result, staff did not always have the information they needed to meet people's needs or know what support to provide during visits. (see requirement 1)

Staff supported people with their medication when this was required, and we observed appropriate administration and recording practices. However, families and external professionals told us they were concerned that people were not receiving their medication at the right time due to the timing of people's visits. As a result, some people were at risk of not receiving their medication safely or as prescribed. (see requirement 1 under key question 3 "How good is our staff team?")

Staff supported people with their nutritional needs when this was required. However, personal plans, lacked information about what support should be provided, which put people at risk of not having their nutritional needs met. For example, one family told us they had to advise staff to prepare a meal for their relative as staff had been unaware due to the lack of information in their plan. (see requirement 1)

Infection control procedures were out of date (see key question two "How good is our leadership?"), and staff reported limited access to personal protective equipment (PPE), with some items not provided at all. As a result, some staff had to purchase items themselves. Some families also expressed concerns that staff were not following safe infection control practices. This meant we were not assured that infection control procedures and practices aligned with current guidance. (see area for improvement 1)

## Requirements

1. By 31 January 2026, the provider must ensure that people receive care and support that meets their needs and outcomes.

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

- a) that personal plans are accurate, outcome focussed, detailed and updated when people's needs change
- b) that personal plans contain sufficient details about people's health and wellbeing needs and the support they require, and that any risks identified are included in their plans and risk assessments
- c) that where professional guidance is in place, this is referenced in the personal plan and a copy is available
- d) that reviews take place, at least every six months, and are outcome focussed
- e) that personal plans reflect the views and wishes of people and/or their welfare guardian/appointed representative .

This is to comply with Regulation 4(1)(a) and Regulation 5 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:

'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);

'My care and support meets my needs and is right for me' (HSCS 1.19);  
and

'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17).

## Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that staff are following the most up to date infection prevention and control guidance and have access to suitable and sufficient quantities of personal protective equipment (PPE) to ensure that infection prevention and control measures are met.

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 4.11);  
and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Recent changes in the management team had led to a lack of clarity around roles and responsibilities. Due to staff shortages, members of the management team were often deployed to cover shifts and visits, which diverted them from their main duties and had affected the quality of the service. External professionals told us that communication with the management team was sometimes poor, saying that there was often no response to emails that they sent.

Although some quality assurance processes and an improvement plan were in place, they did not provide effective oversight and had not identified the concerns we found during the inspection, such as the lack of detail in people's personal plans. (see requirement 1)

Some staff raised concerns about missed visits. The management team were not monitoring key operational areas such as missed or cancelled visits which meant we could not be assured that people were receiving the support they were supposed to. (see requirement 1)

Processes were in place for spot checks and observations of staff practice. However, a significant number of these were overdue. This meant the provider could not be confident that staff consistently followed expected standards or procedures, which could affect people's outcomes. (See requirement 1)

Although policies and procedures were in place, some had not been recently reviewed and did not reflect current Scottish guidance and legislation. For example, the safeguarding policy referenced English legislation. As a result, staff did not have access to the most up-to-date or relevant information, which may impact their ability to deliver care in line with best practice and regulatory expectations. (See requirement 1)

Record-keeping for incidents and complaints was inconsistent. We were not assured that records contained the most current information or gave reliable oversight to the management team as a number of concerns people told us about were not logged. The service had not consistently notified us of reportable events. During the inspection, we shared a copy of the Care Inspectorate's notification guidance with the management team. (See requirement 1)

People's views were not included in the service improvement plan. As a result, the service were not evidencing how they involved people and identified improvements. (see area for improvement 1)

## Requirements

1. By 31 January 2026, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this the provider must, at a minimum:

- a) ensure that quality assurance processes, checks and audits provide accurate and meaningful information about the quality of care and service provided. This must include, but not be limited to, missed and cancelled visits, personal plans, and observations of staff practice
- b) ensure that information about the quality of the service is used by the management team to identify what is working well and what can be improved to support better outcomes for people
- c) retain accurate records of the investigation and outcomes of all concerns and complaints
- d) ensure that all relevant incidents and accidents are appropriately investigated and that any actions arising from these investigations are recorded with timescales and details of who is responsible
- e) ensure relevant incidents and accidents are notified and shared appropriately with other agencies, in line with local and national guidance
- f) ensure that all policies and procedures are reviewed and updated to ensure they reflect the most up-to-date and relevant guidance and legislation.

This is to comply with regulations 4(1)(a) and 18 (3) 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 states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19);

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

### Areas for improvement

1. To promote positive outcomes for people, the provider should review and develop their service improvement plan. This should include, but not be limited to, their own self evaluation of the service, the views of people who use the service, their families and staff.

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

'I am actively encouraged to be involved in improve the service I use, in a spirit of genuine partnership' (HSCS 4.7);

and

'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?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The staff team included a manager, a compliance manager, care coordinators, and a group of team leaders. There was also a team of care workers in place. Some posts were vacant and the service had experienced recruitment challenges.

Staffing arrangements worked well for some people. Several people and families spoke positively about the regular staff who supported them. This consistency helped to build positive relationships and promoted positive outcomes. However, people had different experiences with staff who did not work with them regularly, particularly at weekends. One family member said "when it's different staff, they don't know my family member's routine", another said "too many different carers come". This inconsistency had a negative impact on people's outcomes (see key question 1 "How well do we support people's wellbeing). (see requirement 1)

The service used an online app to plan and allocate visits. Staff entered their availability, and the management team then scheduled visits. Despite this system, people told us that while they usually knew what time to expect staff, they did not always know who would be attending. Rotas were not shared with people or their families.

People's experiences of visits varied. Some said staff were rushed, arrived late or left early. One person said "some staff are in a hurry, they are often late", another said "the timings of visits can be inconsistent". Some people felt staff did not always have enough time to support them. Staff also said they felt rushed sometimes, which meant visits could be shorter than planned and left little time between visits. As a result, staff were not always able to provide relaxed, person-centred care. (see requirement 1)

Feedback from staff was mixed. One staff member said they were proud to be part of the team, while another expressed concern that some people did not get the support they should from some staff. Several staff shared concerns about recent changes within the team and some said communication within the service could be improved. However, we also heard that recent meetings had provided updates to the team and some staff said they found this helpful.

The frequency of team meetings was unclear, and while email was used as a key communication method, there was no written guidance in place to ensure confidentiality was maintained. This lack of formal protocols increased the risk of sensitive information being mishandled or shared inappropriately. (see requirement 2)

A range of training was provided to ensure staff were equipped to support people. Staff said their induction prepared them for their role, and most staff said they were given all the training they needed to do their job well.

There was mixed feedback about staff support. Most staff said they felt supported and confident in carrying out their role, however, some reported that they had not received any formal supervision meetings since starting in post.



An on-call system was in place to provide guidance and support, but feedback suggested this support was inconsistent. Some staff said they had to call multiple times to get a response from the management team. (see requirement 2)

Due to the nature of the service being provided, staff often worked alone at various times of the day. The management team said that staff safety was monitored through a manual check at the end of the day by the on-call person. However, the process was unclear and potentially unreliable, as it relied on manual scrutiny. This raised concerns about its robustness, particularly for lone workers. (see requirement 2)

Some staff had commenced shifts without the necessary pre-employment checks in place, which did not comply with current guidance and legislation. As a result, people could not be assured that staff had been recruited safely. (see requirement 2)

During the inspection, information about staff registration with professional bodies was unavailable, which meant the management team lacked oversight of this area. We spoke to the service about reviewing this information as a matter of priority.

## Requirements

1. By 31 January 2026, the provider must ensure that people's care and support needs are met effectively and that staffing arrangements support positive outcomes for people.

To do this the provider must, at a minimum:

- a) ensure staff have long enough during visits, to sufficiently meet people's assessed needs including where those needs require medication to be administered at a specific time
- b) ensure visit schedules are issued in advance so that people know who will be supporting them and when
- c) implement a system to monitor visits (this must include but not be limited to: missed and cancelled visits, timings of visits) to ensure care is delivered safely and according to people's assessed needs

This is in order to comply with Section 7 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:

'People have time to support and care for me and to speak with me' (HSCS 3.16);  
and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexplained event' (HSCS 4.14).

2. By 31 January 2026 the provider must ensure that people are cared for by a safely recruited and well supported staff team.

To do this the provider must, at a minimum:

- a) ensure staff are recruited safely and that pre-employment checks are in place according to current guidance and legislation
- b) ensure that staff receive regular support and supervision, including when lone working, which includes discussion about their development and wellbeing

- c) ensure that there are appropriate systems in place to keep staff up to date about confidential information
- d) ensure that staff have the opportunity as a group and individually to have professional discussion about how people's care needs are met and how the service is being delivered

This is to comply with section 7 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);

and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## How well is our care and support planned?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Personal plans were held online which meant staff and the management team had access from wherever they were working. However, personal plans were basic and lacked key information. Some were incomplete, while others contained conflicting and inaccurate information. As reported under key question 1 "How well do we support people's wellbeing?", the quality of personal plans was inconsistent. Some personal plans had no completed assessments or care plans, and others contained conflicting or little information. This meant staff did not have access to the information they needed about people's needs or what support they required. (see requirement one under key question one "How well do we support people's wellbeing?")

People did not have copies of their personal plan and could not access them online. It was unclear how people were involved in developing or reviewing their plans. As a result, they did not feel involved in planning their care and support and were unaware of what documentation was in place.

Personal plans were not based on people's outcomes. During the inspection the service advised that outcome paperwork had been developed but had not yet been implemented. (see requirement one under key question one "How well do we support people's wellbeing?")

Although the service reported that personal plans were reviewed within the required regulatory timescales, the review process had failed to identify necessary updates to ensure plans were accurate and reflective of people's needs. Review dates were recorded inconsistently, some were logged in the online system, while others were not. Review documents were available in the online system, making it difficult to verify whether reviews had been completed. External professionals said that some issues raised during reviews remained unresolved. This meant that the review process was not effective or robust and did not provide the necessary oversight to ensure people's outcomes were being met. (see requirement one under key question one "How well do we support people's wellbeing?")

## 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's health, social and emotional needs, the provider should ensure all carers are communicating and interacting with people positively.

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

'My care and support meets my needs and is right for me' (HSCS 1.19);  
and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1);

and

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6).

**This area for improvement was made on 12 April 2024.**

#### Action taken since then

The service had an action plan in place to monitor this area, which stated that regular spot checks of staff practice were being carried out and that feedback was gathered from people. However, during the inspection, we found that observations of staff practice were not happening consistently, and record keeping related to feedback was unreliable (see key question "How good is our leadership?").

Therefore, this area for improvement has not been met and has now been incorporated into a new requirement under key question two "How good is our leadership?"

#### Previous area for improvement 2

To support people to get the care that is right for them, the provider should ensure office staff are communicating effectively with carers.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19);  
and

'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 12 April 2024.**

### Action taken since then

The service had an action plan for this area stating that team meetings were taking place and that communication had improved through the use of email. However, during the inspection we were unable to ascertain how often team meetings were taking place or how information from these meetings was shared with staff. We also identified concerns about the use of personal email addresses (see key question "How good is our staff team?").

Therefore, this area for improvement has not been met and has now been incorporated into a new requirement under key question three "How good is our staff team?"

## 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 well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.