

Quality Care Scotland Limited Support Service

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Type of inspection:
Unannounced

Completed on:
12 November 2025

Service provided by:
Quality Care Scotland Limited

Service provider number:
SP2018013146

Service no:
CS2018367887

About the service

Quality Care Scotland is registered to provide a care at home service for adults and older people living in Argyll and Bute. The provider is Quality Care Scotland Limited. There were 82 people using the service at the time of inspection.

The service supports people in their own home with daily living needs including personal care, medication, meal preparation, and other duties that are important to them. People who use the service have varied needs such as dementia, mobility issues, physical disabilities, and mental health issues.

The service aims 'to provide a high-quality level of care and support for everyone. This will be based on our values of compassionate care, dignity, choice, and trust'.

About the inspection

This was an unannounced inspection which took place between 11 and 12 November 2025. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with nine people using the service, and 10 relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported by a stable and skilled team of carers.
- Visits were reliable with consistent times and staff.
- Staff demonstrated warmth, compassion, and understanding of people's needs.
- Staff were supported particularly well by the management team leading to high morale and performance.
- Personal plans were comprehensive, person-centred, and effectively supported very good care and outcomes.

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 staff team?	5 - Very Good
How well is our care and support planned?	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

This key question was evaluated as very good because performance demonstrated major strengths that supported positive outcomes for people.

People receiving care, and their relatives, provided positive feedback about their experiences with Quality Care Scotland. There were many comments praising the caring, engaging, and reliable nature of the service. A person told us "The staff are amazing, chatty, and they always take time when they're visiting me". A family member added "The team go above and beyond. Without their assistance, my [loved one] would not be able to live at home". This feedback represented how the care provided benefitted both people and relatives, improving their lives.

We observed interactions between people and staff, and saw an effective mix of professionalism, warmth, and humour. A review of rotas confirmed that people were supported by a consistent team of carers. This resulted in meaningful relationships and a thorough understanding of people's needs and wishes.

People achieved positive outcomes in relation to their health and wellbeing such as improved nutrition, mobility, and socialisation. High quality care enabled people to live at home longer which was important to them and their relatives. People's medication needs were also managed effectively. When people's needs changed, the service liaised promptly with external health professionals to seek further guidance. A visiting professional told us "I have confidence in the service, and we work jointly to resolve any issues that arise". This pro-active approach helped to keep people safe and well.

We shared suggestions to promote sustained good practice and continuous improvement. Positive outcomes were clearly observed during our inspection, however, they were not always formally recorded. We asked the service to implement a system to record people's goals and measure how successful they were in meeting them. This will make care planning more purposeful, and help capture people's successes in relation to their health and wellbeing.

The service received positive feedback about its approach to communication. People felt management and staff were accessible and responsive to their views. However, this was not always fully captured. We asked the service to record people's feedback more formally and include relevant ideas in the service improvement plan. This will better demonstrate the inclusive and person-centred nature of the service.

How good is our staff team?

5 - Very Good

This key question was evaluated as very good because performance demonstrated major strengths that supported positive outcomes for people.

People benefitted from high levels of continuity in their care. People were supported by the same team of permanent carers who knew their needs and wishes intimately. A review of rotas and quality assurance documents confirmed there were no missed visits and no significant late coming. This consistent approach ensured people were confident in their care, achieved positive outcomes, and developed meaningful relationships with their staff.

We were impressed to see that the service ensured there was an additional carer on each shift. This floating

member of staff, who was permanent and known to people, stepped in to deliver care when other staff were absent or needed elsewhere at short notice. This was invaluable in providing quality, reliable care to people.

People could be assured that all staff were recruited safely in line with national guidance, and received a thorough induction programme. Induction included comprehensive training and significant shadowing of experienced workers. This lasted for at least three weeks, and more if needed, which ensured new staff were prepared well for their role. We asked the service to develop a written induction workbook to fully capture the otherwise comprehensive process.

Staff continued to receive ongoing robust training to enhance their knowledge and practice. Regular team meetings and one-to-one supervision sessions between staff and management promoted continuous improvement within the workforce.

We received particularly strong feedback about how management supported their members of staff. The service had introduced twice daily handover meetings via a digital system. This was a forum to exchange important information, plan any needed changes to people's care, and celebrate staff members' achievements. The approach had resulted in an informed and motivated team of carers who delivered high quality services to people.

The service's workforce was diverse with a mix of backgrounds and cultures. Leaders recognised this as a strength, celebrated people's differences and contributions, and provided clear guidance to new members of staff who had limited experience of working in Scotland. For example, the service held cultural events where staff met as a team, shared examples of their culture through food, music, and dress, and promoted mutual understanding. Newly arrived staff from overseas were given close support and mentorship to thoroughly understand the needs and wishes of people receiving care. This produced high levels of morale and practice within the team.

A new member of staff told us "I am confident in caring for people. I have been welcomed by everyone, there is a family atmosphere, and I feel truly listened to and valued. I have never experienced this before in my work".

How well is our care and support planned?

5 - Very Good

This key question was evaluated as very good because performance demonstrated major strengths that supported positive outcomes for people.

Every person supported by the service had a personal plan, known as a care plan. Plans were well-written in a person-centred way. They captured people's life stories, what was important to them, and their wishes. This promoted strong understanding between people and staff.

Plans captured people's health needs thoroughly, highlighting areas such as communication, mobility, nutrition, and medication. Staff had clear step-by-step guidance on how to meet people's needs effectively.

The plans were digital which meant staff could instantly record and share when their duties were complete, make any agreed changes quickly, and ensure information was up to date. The digital platform was shared with people and families which meant they could freely access their plans and information. Similarly, the digital nature of the plans allowed management to closely monitor what was happening in the service to support people and staff.

People had six monthly reviews to ensure they were satisfied with their care, voice their opinions, and plan

any changes to their service. This was a good example of inclusive practice.

Plans successfully captured potential risks of harm to people to keep them safe and well. We were pleased to see the service was implementing a pilot to ensure people with particularly complex needs had more comprehensive and specific risk assessments. This will further enhance their care and support.

We shared ideas to make plans more outcome-focused. Whilst positive outcomes were clearly observed during inspection, these were not always fully captured. We asked the service to introduce a system in which people's goals are recorded and continuously monitored to better evidence the positive experiences and practice within the service.

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 ensure people using the service have an understanding of the agreed plan of support, the manager should promote access to the care plans and provide a timely response when requests for access are made. Where there may be barriers to accessing technology alternative methods should be considered.

This area for improvement was made on 27 March 2024.

Action taken since then

People had access to their digital care plans and could both contribute to its content and monitor daily recordings from staff. People who did not want to use the digital plan were offered a paper copy. We received positive comments from people and relatives around management response to requests. This area for improvement was met.

Previous area for improvement 2

To ensure people experiencing care are supported by staff who are skilled and competent with infection prevention and control measures, the management team should complete regular, documented supervisions and regular, detailed field observations. In addition, all staff should have a clear understanding of what is expected in terms of supervisions, field observation and the service's training programme.

This area for improvement was made on 27 March 2024.

Action taken since then

Staff completed a robust programme of training, supervision, and team meetings. These were recorded and monitored by management to ensure appropriate frequency and quality. This area for improvement was met.

Previous area for improvement 3

People experiencing care should be informed, in advance, who is providing their care and support. The management team should communicate any changes accordingly

This area for improvement was made on 27 March 2024.

Action taken since then

People experienced high levels of continuity in their care with permanent members of staff. Any changes were communicated promptly. This area for improvement was met.

Previous area for improvement 4

The service should ensure they have an effective system in place to record information accurately about any communication with people supported and their families/legal representatives.

This area for improvement was made on 27 March 2024.

Action taken since then

The service introduced a new quality assurance and monitoring system to ensure communication with people and relatives was logged appropriately. This area for improvement was met.

Previous area for improvement 5

To ensure people experiencing care, and the service, have clear expectations of the process of care being terminated, the manager should implement a termination of care policy. This should also be included in the service user guide that is shared with people when care commences.

This area for improvement was made on 27 March 2024.

Action taken since then

The service developed appropriate policies and procedures to ensure people had the correct information about service delivery and expectations. This area for improvement was met.

Previous area for improvement 6

The service must improve internal communication systems to ensure personal information is shared securely and respectfully. This includes the sole use of secure, internal email addresses.

This area for improvement was made on 27 March 2024.

Action taken since then

The service communicated effectively using secure platforms. This area for improvement was 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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