

Wellness Social Care Services Limited Housing Support Service

Flexispace
Office number 21
Queensferry Road
Dunfermline
KY11 8UU

Telephone: 013833341295

Type of inspection:
Announced (short notice)

Completed on:
10 November 2025

Service provided by:
Wellness Social Care Services Limited

Service provider number:
SP2023000080

Service no:
CS2023000121

About the service

Wellness Social Care Services Limited provides housing support and care at home services for older people and adults living in their own homes.

Services were being provided for people living in Fife, Falkirk and Perth and Kinross at the time of the inspection.

About the inspection

This was a follow-up inspection which took place on Friday 7 November 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.

In making our evaluations of the service we:

- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Quality assurance had improved with a range of audits and checks carried out regularly.
- People and/or their representatives were involved in developing and reviewing their care plans.
- People were asked to provide feedback on their service to identify areas for improvement.
- Risks to people were identified and mitigated where possible.
- Risks to people's health, safety, and wellbeing were reduced as a result of 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?	4 - Good
-----------------------------	----------

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

How good is our leadership?

4 - Good

We re-evaluated this key question upwards to good. During the inspection, we found evidence to demonstrate that people's experiences and outcomes had improved since the previous inspection.

Please refer to the section 'What the service has done to meet any requirements made at or since the last inspection' for further information.

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

Requirements

Requirement 1

By 18 July 2025 the provider must ensure service users' health, safety, and well-being needs are met. In order to achieve this, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively.

This must include but is not limited to:

- a) ensuring that people's views, suggestions and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences;
- b) informing people and/or their representatives of the feedback received during quality assurance processes and of the action taken or planned in response;
- c) appropriate governance and oversight is in place by the provider. This must include audits for monitoring and checking the quality of service which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay; and
- d) submitting notifications to the Care Inspectorate in line with published guidance and notifying relevant agencies of issues or concerns, in particular where adult protection concerns have been identified.

This is in order to comply with Regulations 3 and 4(1)(a) and (b) 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 16 May 2025.

Action taken on previous requirement

There were significant improvements to the quality assurance systems and practice in the service. Several new quality assurance tools were in place. An annual quality assurance planner highlighted when audits, checks and feedback surveys were due to be completed. This helped keep quality assurance on track.

People and/or their representatives were involved in developing and reviewing their care plans. This demonstrated respect for people's choices, preferences, and rights. However, recordings were brief. We asked the provider to provide more detail about how this was being achieved.

Daily recordings by staff identified appropriate decision-making and action in response to issues or concerns. This included action taken by staff when people they were supporting became unwell.

People were prompted to take their medication, and this was recorded by staff. Areas for improvement were promptly addressed with relevant staff. This supported people's health, safety, and wellbeing.

Spot checks of staff practice were carried out which included infection prevention and control practice, medication prompting, record keeping, timekeeping and communication with people using the service/representatives. People could provide feedback about their service during the visit. Information was used to identify and plan staff learning and development needs.

Participation and involvement of people using the service were improving. Satisfaction surveys were carried out involving people using the service/their representatives, professionals, and staff. The feedback received was positive. Feedback was analysed and merged into findings. This information drew out key strengths and areas for improvement and informed action plans.

Members of the leadership team were in contact with people or their representatives regularly. Reasons included gathering feedback about their service, responding to queries, and providing information and updates about people's health and care needs. Records indicated regular communication and prompt responses to requests, queries, and feedback.

A staff supervision matrix was in place. This was currently up to date as per the provider's policies. The agenda was robust and included learning and development and wellbeing. This was important for assessing staff's skills, knowledge, and wellbeing.

A training audit was carried out to monitor staff completion and to be sure that training enabled staff to meet the needs of the people using the service.

Quality assurance was underpinned by the provider's development plan. The plan was a live document that was kept up to date and tracked actions and improvements. We asked the provider to provide evidence that areas for improvement were addressed. This was to safeguard people's health and wellbeing.

In summary, this was a positive follow-up inspection. Quality assurance systems and tools were still taking shape and embedding in practice. We were assured that members of the leadership team had good oversight and governance of the service. We look forward to evaluating the consistency of practice and further quality assurance improvements to improve people's outcomes.

Met - outwith 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

In order to implement and comply with the Health and Care (Staffing) (Scotland) Act 2019 and improve people's health, safety, wellbeing and outcomes, the provider should take the necessary actions to ensure managers have the necessary knowledge and understanding to support and guide staff. A safer staffing policy and relevant procedures should be developed to support staff's knowledge and understanding and inform their practice.

This is to ensure 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).

This area for improvement was made on 16 May 2025.

Action taken since then

At this inspection, work had not started towards this area for improvement as the provider was concentrating on meeting the requirements. However, we had discussions with the provider regarding what factors they took into consideration when planning rotas, for example, what they would consider to ensure staff worked well together to provide safe, consistent, and effective care and support for people.

We were confident that the provider had taken some action to develop their knowledge and what implementing legislation entailed. We will evaluate the provider's plans and actions for implementing the actions at the next inspection.

Previous area for improvement 2

In order to protect people's health, safety and wellbeing, the provider should develop person specific risk assessments that promote people's health, safety, independence, and outcomes. People should be supported to take positive, life enhancing risks.

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

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24).

This area for improvement was made on 16 May 2025.

Action taken since then

Work on this area for improvement had just commenced when we carried out this inspection.

A limited number of care plans had been reviewed. However, person-specific risks had been identified. This was an improvement as previously risk and risk assessments were generic. The provider was working to review all care plans and were confident that risks were being identified and mitigated where possible. We will evaluate the progress and staff's knowledge and understanding at the next inspection.

Complaints

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

Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.