

# Inifinite24 Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
2 December 2025

**Service provided by:**  
Infinite24 Ltd

**Service provider number:**  
SP2023000406

**Service no:**  
CS2023000403

## About the service

Inifinite24 is a support service which provides care at home services to older people. The service offers care and support in people's own homes and the community. The service was registered with the Care Inspectorate in November 2023 and is a family run business.

The service operates from an office base in Whitburn and is provided across West Lothian.

There were two people receiving a service during the inspection.

## About the inspection

This was a short notice inspection which took place on 26, 27, and 28 November 2025. The inspection was carried out by one inspector from the Care Inspectorate.

As this was the service's first inspection, we looked at all key areas.

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

In making our evaluations of the service we:

- spoke with people who receive support and two relatives
- spoke with four staff and management
- visited people in their own homes
- reviewed documents.

## Key messages

- There were warm and positive relationships between staff and the people using the service.
- People receiving support, and their family members, were happy with the service.
- The service should improve practice with supporting people with medication.
- Staff enjoyed working for the service and felt supported by the leadership team.
- Quality assurance needed to improve.
- Improvement was needed to ensure safe recruitment of staff and that staff were appropriately trained.
- Personal plans would benefit from being updated to include more detail about what support people need and how they would like this to be offered.

## 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

4 - Good

We evaluated this key question as good. There were important strengths which impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported by a small team of staff who knew them well. We observed kind and respectful interactions from staff who were attentive and anticipated people's needs. We observed that people were comfortable with the staff who were providing their care.

People were happy with their care. People told us that they "liked their carers" and they were "very good". This was supported by relatives who said, "We are very happy with the care my [relative] receives" and "I have confidence in the service". No concerns were raised regarding the service and everyone was aware of the appropriate point of contact should any issues arise. Family members expressed confidence that the service would respond effectively.

Care staff demonstrated confidence in their role to promote health and wellbeing. We heard of examples where staff had notified the leadership team about issues identified during visits. The leadership team were taking action to ensure that families were informed and people's wellbeing was promoted.

People were being supported to take medication. Staff were able to remind people, offer assistance, and, where necessary, administer medication. However, there was insufficient clarity for staff regarding the level and type of support required by individuals. This resulted in medication practices that were not aligned with the service's own medication policy. Following the inspection, we provided guidance to support the service in delivering medication assistance that promotes people's independence while ensuring accountability.

Medication administration records were absent and the leadership team was not undertaking systematic audits. This has been explored further in the section 'How good is our leadership?' within this report. There was insufficient assurance that medication was being managed in accordance with best practice, therefore we have made an area for improvement to strengthen safe medication practices. We will look at progress at the next inspection (see area for improvement 1).

### Areas for improvement

1. To promote safe practice with medication support, the provider should ensure that people can be confident they receive support in accordance with their individual assessed care needs.

This should include, but not be limited to:

- a) ensuring that staff are suitably trained in best practice for medication support;
- b) service policies are reviewed and clear;
- c) personal plans detail assessed support needs in relation to medication; and
- d) completing audits, and any necessary follow up, of medication administration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

## How good is our leadership?

## 3 – Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Improvements were required in quality assurance, which was inconsistent and informal. Although the management team were informally evaluating people's experiences through conversations, there was no formal quality assurance system or audit activity completed. This meant the service was limited in how it could identify and address areas for improvement in a systematic way. We signposted the leadership team to Care Inspectorate resources to help build their understanding of self evaluation.

Managers were involved in care delivery and knew people well, however they were not undertaking formal one-to-one supervision meetings with staff or carrying out competency checks. This meant there were gaps in the oversight of care delivery, with limited opportunities for staff to discuss ideas, concerns, or training needs.

The service had policies and procedures to guide staff, however these were out of date and we observed that day-to-day practice was not always carried out in accordance with these policies. We shared examples with the service of procedural updates required. The service agreed to review their policies to ensure they were current and set out best practice guidelines. We will check on progress at future inspections.

Effective quality assurance processes are essential for identifying strengths and what needs to be improved. We observed that without these processes, improvements were reactive rather than proactive. This meant there was a risk that weaknesses would not be recognised and that the service would not adapt to changing needs or expectations. We have made a requirement about this (see requirement 1).

## Requirements

1. By 1 May 2026, the provider must ensure that people can be confident that standards of good practice are adhered to and drives change and improvement where necessary.

To do this the provider must, as a minimum:

- a) develop a quality framework which provides assurance and governance;
- b) ensure that quality assurance checks and audits are consistently completed;
- c) where areas for improvement are identified, develop an action plan; and
- d) evaluate audit completion and outcomes.

This is to comply with 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 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).

## How good is our staff team?

## 3 – Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Within this key question, we looked at three areas. We saw strengths in 'Staffing arrangements are right and staff work well together' which we evaluated as good. However, improvement was required in 'Staff have been recruited well' and 'Staff have the right knowledge, competence, and development to support people' which we evaluated as adequate.

The service had a recruitment policy and procedure in place which set out safer recruitment practices. We observed that the service was not following their recruitment policy and references were not always being sought from an applicant's current employer. This meant that people could not be fully assured that their care staff were recruited appropriately. We discussed with the management team how they could improve their approach to recruitment to ensure that this important safeguard was fully completed. We have made an area for improvement and will check on progress at the next inspection (see area for improvement 1).

We found that staff training was lacking in key areas. There was a reliance on staff starting with the service having been trained by previous employers. There was also a lack of strategy to ensure staff were suitably trained and knowledgeable about key areas of practice before supporting people. When we spent time observing care, we were encouraged that support staff had previous care delivery experience relevant to their current role. This experience was evident in their care delivery, which was of a good standard and people felt happy with the quality of their care experience. We have made an area for improvement to help guide the service in this area (see area for improvement 2).

During the course of our inspection, we observed staff taking time to provide unruled and compassionate care and support. Staff were respectful of each other and were team-minded in how they approached care delivery. Staff were clear, and confident, in speaking with the office team if they were uncertain or needed support. The service has sufficient staff and we found that staff absences were covered well.

### Areas for improvement

1. To promote good standards of practice, the provider should ensure that people can be confident that staff have been recruited safely.

This should include, but not be limited to, following safer recruitment guidance, ensuring that staff do not commence employment until all pre-employment checks, including appropriate references, are completed. The service should also record recruitment decisions, including completion of individualised risk assessments where appropriate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. To promote good standards of practice, the provider should ensure that all staff are appropriately trained for their role.

This should include, but not be limited to:

- a) ensuring staff have completed induction and refresher training covering all key areas of care delivery practice before delivering care to people;
- b) verified the content of training provided by external agencies; and
- c) ensuring that staff are supported to meet and maintain their conditions of registration and the requirement for continuous professional learning and development.

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).

### How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Personal plans were in place. These focussed on care tasks which guided staff in what support people required. However, there was very little personal information or details of people's lives which could be used to build relationships and understand people. Staff relied on a basic task list. We also observed that practice could be improved by developing assessment of risk which to guide staff on how to manage and minimise any presenting risks. Although the staff team was small and they knew people well, there was a risk of new or unfamiliar staff not having enough information to provide care in a way that would meet people's needs and wishes. We have made an area for improvement (see area for improvement 1).

People, and their families, felt involved in planning care and support. The management team were completing introduction meetings and further time was spent obtaining information about people's support need and what they would like from their support. Families talked positively of these meetings and also being able to view their loved one's care notes. People, and their family members, described feeling involved in their care and support.

There were records of daily support for each person. Some recordings provided a good overview of what support people received. However, other notes were brief or did not link to the person's care plan. We assessed that this might cause uncertainty among staff regarding the type of support people required and the intended outcomes of that support. We discussed this with the management team and shared details of our guidance on personal planning. We will look at progress at future inspections.

### Areas for improvement

1. To improve the quality of information for staff, the provider should ensure that personal plans and risk assessments are individualised and reviewed regularly.

This should include, but not be limited to, reflecting people's personalities, backgrounds, preferences, and wishes. Risk assessments should encompass all risks that are present for people and contain details of how

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to support, minimise, and manage areas of risk. They should be reviewed on a six-monthly basis or more frequently as people's needs change.

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).

## Complaints

There have been no complaints upheld. Details of any upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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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