

# Care Solutions Central Scotland Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 December 2025

**Service provided by:**  
Care Solutions Homecare Limited

**Service provider number:**  
SP2015012635

**Service no:**  
CS2015343504

## About the service

Care Solutions Central Scotland is registered to provide a housing support and care at home service to adults and older people with mental health, chronic conditions/disabilities, substance abuse, and/or learning difficulties, living in their own homes, and the wider community. The service provider is Care Solutions Homecare Ltd.

Support ranged from 15 minutes per day to 40 hours per week for people receiving social supports.

The service was currently supporting people in North Lanarkshire and South Lanarkshire by two staff teams.

The registered manager is responsible for co-ordinating the overall running of the service. The locality manager and deputy managers have oversight of the staff teams, who provide direct support to people.

## About the inspection

This was an unannounced inspection which took place on 9, 10, 11, and 12 December 2025 between 09:15 and 17:00 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

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

To inform our evaluation we:

- spoke with 11 people using the service
- received feedback from five of their friends and family
- spoke with 12 staff and management
- received feedback from two external professionals
- visited people in their homes, and observed practice and daily life
- reviewed documents.

## Key messages

- People experienced warm, respectful, and enabling care from staff, who were kind and committed to going the extra mile.
- Positive relationships, and largely consistent staff teams promoted trust and confidence, although, some variability in continuity was noted.
- Quality assurance systems were in place, and demonstrated a commitment to improvement, but oversight could be strengthened through streamlined planning and measurable action plans.
- Personal plans contained some person-centered information written in the first person, supporting dignity and choice. Improvements should be made so personal plans remain up to date and include person-centered information, include future care planning, and ensure that reviews consistently involve families.
- Medication management was generally robust, but pro re nata (PRN) protocols, and timely updates to medication administration records (MAR) charts should improve to maintain safety.
- Monitoring of visit durations and travel time should be incorporated into quality assurance processes, to ensure that staffing arrangements are right, and people's needs are met.
- People experiencing care had opportunities for involvement such as feedback processes, but these could be more structured, and clearly linked to service improvement, to drive meaningful 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 well do we support people's wellbeing? | 4 - Good |
| How good is our leadership?                | 4 - Good |
| How good is our staff team?                | 4 - Good |
| How well is our care and support planned?  | 4 - Good |

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 made an evaluation of good for this key question, as several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced kindness and compassion in how they were supported. They spoke highly of their carers, describing them as "great" and "absolutely fabulous." One person told us, "Nothing is too much bother, and I always look forward to their visit." We observed patient and considerate interactions from staff who knew people well, which promoted trust and comfort.

Most people benefited from a largely consistent group of carers, who were described by a relative as "like part of the family." This continuity supported strong relationships and a sense of security. Although most people experienced continuity, some reported anxiety when unfamiliar carers attended. The service was strengthening staffing arrangements to manage the impact of changes effectively.

People told us new staff were introduced gradually, helping them feel safe and understood. This supported care that was tailored and responsive to individual needs.

People were supported to maintain their skills through an enabling approach from staff. Personal plans reflected people's aspirations and goals. For example, one person who could not stand for long periods was supported to prepare meals at the dining table, enabling independence and dignity.

People received care that was responsive to changes in their health and care needs. People at risk of skin breakdown had detailed risk assessments in place, and we saw evidence of them being repositioned in line with their care plans. Staff worked well with other professionals, including GPs and mental health teams, to support people's health needs, and ensure they received timely care.

Medication was generally managed in line with best practice, and the service had made improvements to their medication care plans to ensure that staff had access to accurate information. However, we could not see clear evidence of protocols for people who were prescribed "as required" medications. Although audits were taking place monthly, outcomes of PRN administration were not consistently recorded, and audits were not effective in making these improvements. (See area for improvement 1)

Staff recorded daily notes on an electronic system. Some records we reviewed lacked accuracy and detail, which could compromise continuity of care. The quality of daily records should be improved, to ensure these are an accurate representation of care delivered, and people's presentation. (See area for improvement 2)

Risk assessments were in place for people where a risk had been identified, such as skin breakdown, or falls. Although personal plans had been recently updated, we identified some risk assessments which had not been updated for some time. This places people at increased risk. Improvements should be made to ensure that risk assessments remain accurate and up to date. (See area for improvement 3)

## Areas for improvement

1. To ensure that people receive safe and effective support with their medication, the provider should implement clear PRN (as required) protocols for all relevant medications. These protocols should guide staff

on how best to support individuals, including when, and how PRN medication should be administered, and ensure that outcomes are recorded accurately.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: "my care and support meets my needs and is right for me" (HSCS 1.19).

2. To ensure that people experience care that is safe and consistent, the provider should improve the quality and accuracy of daily recordings. Records should clearly reflect people's wellbeing, and any changes in their health, to support continuity of care. This includes ensuring that staff have the necessary skills and competency to complete detailed and accurate notes.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: "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 meets my needs and is right for me" (HSCS 1.19).

3. The provider should ensure that risk assessments are reviewed and updated regularly, so they remain accurate and reflect people's current needs. This will help staff manage risks effectively, and keep people safe.

This is to ensure care and support is in line with the Health and Social Care Standards (HSCS) which state: "My care and support meets my needs and is right for me" (HSCS 1.19).

## How good is our leadership?

## 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on outcomes for people.

We received positive feedback on the management team at Care Solutions Central Scotland. People appreciated the open and approachable style of the senior team, and told us they knew who to speak to with any concerns or issues. This supportive style supports better outcomes for people through effective management.

Quality assurance processes were in place to provide oversight in the service. Regular audits of key areas such as medication and incidents, were carried out alongside spot checks and observations of staff practice. This showed a commitment to maintaining standards, and improving practice. Digital systems supported oversight, with incidents and complaints logged on a live platform that alerted managers for timely follow-up.

Improvement planning was fragmented, with separate action plans for complaints, feedback, and service development. This reduced clarity, and made it difficult for managers to track progress. We found limited evidence of updates or recorded outcomes, and many actions used vague terms such as "ongoing" or "improved" without measurable success criteria. Without clear targets, managers cannot demonstrate progress, or confirm when improvements are achieved, which risks repeated issues and missed opportunities to enhance care. (See area for improvement 1)

A service development plan was in place, and linked to the Health and Social Care Standards. This plan was informed by feedback from surveys, showing a commitment to continuous improvement. However, we could

not see clear evidence of how audits and quality assurance processes influenced the overall development plan. The service should develop their quality assurance processes through the use of analysis of themes and trends, and capture measurable goals and actions to allow progress to be tracked. This will ensure that changes happen promptly, and people experience safer, more reliable care. (See area for improvement 1)

We discussed how the service could further improve their governance and development processes, by embedding self-evaluation and creating an outcome-based improvement plan. This will enable the service to measure the effectiveness of actions, and demonstrate impact on people's experiences. We signposted the management team to Care Inspectorate resources, including "A Quality Framework for Support Services (including care at home)."

Staff told us they felt listened to and supported. A range of meetings were taking place, regularly involving all staff within the service. There were systems in place to provide oversight for managers, and we saw evidence of these being kept up to date, such as supervision, training compliance, and staff registration. Some areas on the systems were still being developed, and the management team gave assurances they were continuing to review records to ensure these remain an accurate reflection, and support effective governance.

There were opportunities for people to get involved and share their feedback on the service, such as via questionnaires and six monthly reviews. Although action plans had been developed following evaluation of feedback, we could not see progress made towards this. Strengthening feedback processes will ensure that people's voices shape decisions, leading to care that reflects their preferences, and promotes dignity and choice.

## Areas for improvement

1. People experiencing care should have confidence the service received by them is well led and managed. The provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This should include, but is not limited to:

- a) assessment of the service's performance through regular effective audit
- b) areas for improvement are identified through audit
- c) quality assurance data is analysed, to inform the actions required to support positive outcomes for people experiencing care, staff learning, and the service's improvement plan
- d) implement action plans which set out specific, achievable, and realistic actions required to address
- e) review the effectiveness of actions put in place, to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.

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).

## How good is our staff team?

## 4 - Good

We evaluated this key question as good because several important strengths, taken together, clearly outweighed areas for improvement. While some improvements were needed, the strengths identified had a significant positive impact on outcomes for people.

People spoke highly of staff, and valued the supportive relationships. This helped build trust and confidence, and people told us they felt safe and comfortable with familiar carers. Staff were described as kind and willing to go the extra mile, which contributed to positive experiences.

Staff were recruited in line with safer recruitment principles. Recruitment information was held across multiple platforms, making oversight more complex. Managers were aware, and discussed plans to streamline systems to strengthen compliance.

Induction processes ensured that staff were equipped for their roles. Staff had access to training delivered through classroom sessions and e-learning, supported by competency checks and shadowing opportunities. Positive feedback was captured for staff, with evidence of probationary review, and identified any ongoing development needs. While most induction documentation was completed well, some records were "tick box" in nature, as highlighted in internal audits. Addressing this will help ensure that records reflect meaningful engagement and competency.

Electronic scheduling systems were in place, which provided easy access for service users, and their families if they wished. The system provided good oversight potential for the management team, however, it was not clear how managers were regularly auditing staffing arrangements.

People generally experienced consistent staff teams, and most visit times aligned with planned schedules however, some variability was identified. While no concerns were raised, we identified a gap in how the management team monitors visit times and durations. We shared our concerns with the management team that this could affect outcomes for people. Managers acknowledged this, and confirmed plans were in place to review rostering, and ensure this remains person-centered. Effective quality assurance processes will ensure that improvements are identified, and actioned timely. (See area for improvement 1)

Travel time was not clearly accounted for in rotas, which sometimes reduced time spent with people. While staff occasionally extended visits voluntarily, this was not sustainable, and could impact staff wellbeing. Managers confirmed plans to adjust rotas, to include realistic travel times. Management reports indicated checks were done, but there was no evidence of regular audits of visit durations or travel time. Incorporating this into quality assurance will help ensure that people receive the time they need. (See area for improvement 1)

There were some processes in place to gather feedback on staffing arrangements, however, we could not see how this directly influenced positive changes. Structured input from families and service users will help evaluate whether care meets expectations, and support the overall staffing assessment. Strengthening rostering and feedback processes will ensure that care is person-centered, assessed needs are met, and staff wellbeing is supported.

Staff told us they felt well supported by managers, and colleagues and told us they worked well as a team. They appreciated the open approach of management, and could access support from their colleagues when needed. There were some planned events to support staff wellbeing and morale, and staff spoke positively about their work.

## Areas for improvement

1. To ensure that people consistently receive the right level of support at the right time, the management team should implement quality assurance processes to monitor visit times and durations.

This is to support positive outcomes for people in line with the Health and Social Care Standards, which state: "My needs are met by the right number of people" (HSCS 3.15).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good because several important strengths, taken together, clearly outweighed areas for improvement. While some improvements were needed, the strengths identified had a significant positive impact on outcomes for people.

Personal plans contained detailed information about people's likes, dislikes, and routines. Plans were written in the first person, which promoted dignity, and helped carers engage meaningfully with people's wishes. This level of detail supported staff to deliver care that respected individual preferences.

While plans were generally person-centered, some lacked detail on how specific health conditions such as Parkinson's affect daily life, communication, and mood. Further development of plans to include quality information, will help staff provide more tailored support. (See area for improvement 1)

Plans provided comprehensive instructions on tasks such as personal care and meal preparation, which helped staff deliver care safely and consistently. Risk management plans were in place, and offered clarity on specific risks. Some plans were lengthy narratives, making it harder to identify key information quickly. Improving the format with clear sections for essential details, will make plans easier to use, and reduce the risk of missed information.

Where people lacked capacity, records failed to detail legal powers such as power of attorney. People's legal status should be clearly recorded in personal plans, to protect people's legal rights, and ensure relevant people are included and involved in decisions about care and support. (See area for improvement 2)

Reviews were taking place, and had improved recently to align with regulatory expectations. People were supported to review their plans and provide feedback on the service. Scoring systems were used to track changes over time. Although we could see involvement of people experiencing care, involvement of families or key staff was unclear. Ensuring six-monthly reviews include relevant people, will strengthen shared decision-making. (See area for improvement 3)

## Areas for improvement

1. Personal plans should be further developed to include clear, detailed information about how specific health conditions affect people. This will help staff provide more tailored and responsive support, that meets individual needs, and promotes positive outcomes for people.

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

2. So people can be sure when decisions are made, and the right people are involved, the service provider should ensure that there is a clear record of legal status, and who holds specific powers.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

3. Six-monthly reviews should consistently include relevant people, such as family members, or key staff, where consent is given. This will strengthen shared decision-making and ensure that personal plans reflect the views of those important to the person's care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): '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).

## 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 wellbeing, and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine
- how much has been given, including if a variable dose has been prescribed
- the time of administration, for time sensitive medicines and
- the outcome, and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 5 October 2023.**

#### Action taken since then

Electronic medication administration records were in place, alongside medication care plans which provided relevant information to guide staff practice. Care plans provided details on contraindications, and staff were completing eMAR's accurately. Audit processes were in place to ensure that medication administration records were being completed correctly.

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We have highlighted further improvements to be made regarding "as required" protocols, and have made a new area for improvement under Key Question 1 - How well do we support people's health and wellbeing?

**This area for improvement has been met**

## Previous area for improvement 2

To ensure that people benefit from person-centered care planning, best practice guidance, such as 'The Personal Planning Guide' and 'Helen Sanderson's Tool' should be referred to. The provider should review the personal planning system, with particular focus on:

- evidence of involvement of person or representative
- greater focus on goals/aspirations
- development of future planning
- inclusion of review minutes
- health assessments and care plans are updated to reflect people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

**This area for improvement was made on 5 October 2023.**

## Action taken since then

All personal plans had been recently reviewed, and updated onto a new template. Plans now gave more detailed information on people's goals, aspirations, and wishes. Progress and impact towards personal outcomes was tracked and measured at six monthly reviews. Review minutes were available, however, we could not see consistent evidence of involvement from relevant people, such as families and key staff.

Health assessments and care plans were in place for some people, however, could be further developed to ensure that these accurately capture people's needs and wishes.

We have made two new areas for improvement relating to this, see Key Question 5 - How good is our care and support planning?

**This area for improvement has been re-worded to reflect the findings of the inspection. See Key Question 5, Areas for Improvement 1 and 3.**

## Previous area for improvement 3

To support better outcomes for people experiencing care, the manager should ensure that quality assurance checks include;

- People's skin integrity should be assessed and monitored closely, to ensure that people are not at risk of poor outcomes.
- Analyse all falls, so learning and improvement can take place, to reduce the risk of future falls.

This is to ensure that care and support is consistent with 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 assurances processes' (HSCS 4.19).

**This area for improvement was made on 5 October 2023.**

#### **Action taken since then**

Tissue viability risk assessments and care plans were in place for relevant people, which gave detailed guidance for staff on how to support people who were at risk of skin breakdown. Falls were recorded on an electronic system, and linked to individual people which supported monitoring and oversight of changes to people's needs. Although management oversight is in place, processes could be further strengthened to support regular analysis of themes and trends, to support learning and development. We have reported on this further under Key Question 2 - How good is our leadership?

**This area for improvement has been met.**

#### **Previous area for improvement 4**

To ensure improving outcomes for individuals remains a focus, the provider should identify and prioritise improvement activities that will enhance person-centered care and support. This should include establishing and recording regular staff meetings, and seeking the views of staff in relation to the involvement and evaluation of service improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 5 October 2023.**

#### **Action taken since then**

Staff meetings were taking place, and minutes were available, showing good attendance from the staff team. Weekly managers' meetings were also taking place, however, records were not available during the inspection. It was not clear how actions and outcomes from these meetings influenced service improvements.

**This area for improvement has not been met.**

## **Complaints**

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

## 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?  | 4 - Good |
| 2.2 Quality assurance and improvement is led well                          | 4 - Good |
| How good is our staff team?  | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together           | 4 - Good |
| How well is our care and support planned?                                  | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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