

CarePlus Housing Support Service

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Type of inspection:
Unannounced

Completed on:
27 November 2025

Service provided by:
Ian Culley Trading as CarePlus

Service provider number:
SP2006008670

Service no:
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About the service

CarePlus is an independent care organisation providing support to people in their own homes on the Isle of Bute, the Isle of Luing and the Isle of Seil. The service offers housing support and care at home for adults and older people.

The service operates from office premises in Rothesay.

About the inspection

This was an unannounced follow-up inspection type which took place on 26 November 2025 with feedback the following day. 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 three people using the service and one of their family
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with external professionals.

Key messages

- Work had started to improve care plans and risk assessments but further work is required.
- There were signs of improvement in quality assurance processes but these needed to be further developed and embedded into practice.
- One requirement was met, three requirements have been extended.

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

Requirements

Requirement 1

By 30 September 2025, the provider must ensure that people are supported by a service which is well led and managed, by having a consistent focus on improvement and quality assurance processes.

To do this, the provider must:

- a) ensure regular quality assurance audits are conducted to evaluate and monitor service provision, including, but not limited to; care planning, training compliance, supervision, recruitment, missed or late visits
- b) analyse the results of audits to establish areas for improvement
- c) ensure the service improvement plan is actively used, regularly reviewed, led by management but shared with staff and people where relevant
- d) keep detailed records of all quality assurance activity.

This is to comply with Regulation 4(1)(a) 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 31 July 2025.

Action taken on previous requirement

The management team had not yet fully established a working quality assurance system. However, improvements had been made since our last inspection but they needed to be built upon to ensure all service provision was being adequately monitored.

The management team did not fully monitor missed and late visits. That was a concern. We discovered that on a few occasions staff did not call in to advise of last minute sickness. That resulted in people being visited later than planned when it was found that the worker had not been on shift. We did not agree with management calling them late visits. We accepted that people did get their visits much later and that no harm had come to people in those situations. Management agreed to run regular reports on timing of visits. That will allow them to analyse whether people are getting their visits on time and for the correct period of time. People should be assured their service is delivered in line with the service agreement. As well as being a safety issue, it is also disrespectful to not visit when expected. Staff should be mindful of their responsibilities towards people's health and wellbeing.

Some information relating to audits was not available because it had been recorded on staff's own systems. That was not good enough and reduced management ability to have full oversight of their service. That must be addressed going forward.

A service improvement plan was in place but it had not been updated. Without an updated plan, improvements lack pace and direction. Once audits are fully embedded into practice, we expect the results to be used to inform the plan if required.

This requirement has not been met and we have agreed an extension until 20 March 2026.

Not met

Requirement 2

By 30 September 2025, the provider must ensure that people are supported by a service which is well led and managed, by ensuring that learning from concerns and complaints and all reported incidents is in place.

To do this, the provider must:

- a) ensure that robust arrangements are in place to review, investigate and respond to significant events, including protection incidents when things have gone wrong in the service
- b) ensure notifications are made to the Care Inspectorate within the timescales set out in the guidance Adult care services: Guidance on records you must keep and notifications you must make, March 2025.

This is to comply with Regulation 4(1)(a) 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 31 July 2025.

Action taken on previous requirement

Overall, we found signs of improvement and this requirement had been met.

Plans were in place to deal with significant events and we reviewed how a concern had been reported on and the follow-up work that took place. There does remain room for continued improvement in this area. For example, some people had spoken to staff about concerns, they were not recorded effectively. That was a missed opportunity to show their ability to respond to lower level concerns before they became higher level complaints.

We sampled some internal recording around accidents and incidents and whilst there had not been a need to report to us, we do expect further required notifications to be made in a prompt manner. We discussed the need for the provider to also be mindful of responsibilities to other agencies such as the Health and Safety Executive in the event of serious incidents. People and staff should be confident that their health and safety is supported at all times in line with guidance and legislation.

Met – within timescales

Requirement 3

By 30 September 2025, the provider must improve the quality of recording within care plans to ensure that people receive the right support at the right time. To do this, the provider must, at a minimum, ensure:

- a) each person using the service has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) personal plans contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c) six monthly reviews take place and are used to develop people's personal plans to reflect their changing needs and outcomes.

This is to comply with Regulation 5(2)(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: "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 requirement was made on 31 July 2025.

Action taken on previous requirement

Although work had started to update personal plans, it had not concluded. We sampled a few plans and have offered further advice as to how they could be improved. Staff could tell us about people but that important information was still not being addressed within the plans. We did sample some good work which assured us of the capacity of staff to deliver further improvement.

Reviews had started but were not complete. We heard about the potential that some work had been updated but it could not be found in the recording system. It is critical that staff all record in the correct system which allows their colleagues to access the information in their absence.

The plans were paper based and available in people's own homes. However, there was a lot of excess scanning and reprinting of documents which increased staff workload. Management should find an effective solution to address this as it impacted on plans being updated in a timely manner. People should be assured that staff have all the information they need to carry out their role.

This requirement has not been met and we have agreed an extension until 20 March 2026.

Not met

Requirement 4

By 30 September 2025, the provider must improve the quality of recording within risk assessments to ensure that people receive the right support at the right time.

To do this, the provider must, at a minimum, ensure that risk assessments are up-to-date and relevant to individual people and must direct staff on current/potential risks and risk management strategies to minimise risks identified.

This is to comply with Regulation 5(2)(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: "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 requirement was made on 31 July 2025.

Action taken on previous requirement

Risk assessment templates had been updated since we last inspected. They still did not address people's need for care and support. Some risk assessments focused on the risks to staff when out at work and did not acknowledge the risks that people faced.

The risk assessments must contain information on people. It is due to such risk that they have been assessed as needing care and support. Staff should be aware of such risks and what to do to minimise them and what to do in the event of concerns for people. People should be confident that staff know how to support them safely.

The provider has committed to an external company providing risk assessment training. The training is planned for early 2026. We will evaluate its impact at the next inspection.

This requirement has not been met and we have agreed an extension until 20 March 2026.

Not met

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

This area for improvement was made following a complaint investigation.

The provider should ensure people are supported by well trained staff. To do this, the provider should, at a minimum, ensure:

- a) staff receive further training on dementia care and responding to stress and distress in dementia
- b) there is regular monitoring of staff competence and care practices.

This is in order to comply 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 20 September 2024.

Action taken since then

Although some monitoring of staff competence was in place, it was not consistently in place across the service.

Management intend to use an external agency to deliver extra training to staff in the new year. We will revisit this area for improvement at the next inspection. We hope to see improvement in relation to training and competency checks as both areas are critical to staff being able to offer people safe and appropriate support. Inconsistent checks increase risk of poor practice and harm.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

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