

Wheatley Care Personalised and Self-Directed Support Services (Glasgow) Housing Support Service

Wheatley Care
2045-2047 Maryhill Road
Glasgow
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Telephone: 07584798952

Type of inspection:
Unannounced

Completed on:
27 November 2025

Service provided by:
Wheatley Care

Service provider number:
SP2006008236

Service no:
CS2008173361

About the service

Wheatley Care Personalised and Self-Directed Support Services (Glasgow) is a combined housing support and care at home service. The provider is Wheatley Care. The service is provided from a base office within a housing complex in Maryhill.

There are staff on site 24 hours a day at the Maryhill office. An outreach service is provided to people living in the community.

The service offers a range of support to adults with learning disabilities, acquired brain injury, dementia, mental health diagnosis and alcohol dependency needs. At the time of this inspection the service was supporting 47 people.

About the inspection

This was an unannounced inspection which took place on 25, 26 and 27 November 2025 between the hours 9am and 5.30pm. 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 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 14 people using the service and three of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three external professionals.

Key messages

- Opportunities for social inclusion promoted people's health and wellbeing, fostering connection and engagement.
- People took part in activities aligned with their personal interests.
- Support was tailored and adjusted to meet people's changing needs.
- Flexible approaches ensured people's needs were consistently met.
- Effective partnership working supported positive outcomes for people.
- The introduction of new approaches to quality and assurance management were contributing to continuous service 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?	6 - Excellent
How good is our leadership?	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?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

The service demonstrated an 'if we can do it, we will' ethos, reflecting a culture of responsiveness and commitment to meeting individual needs. This approach ensured that people's preferences were respected, creative solutions were explored, and support was delivered in a way that promoted choice, dignity, and positive outcomes. This approach had enabled one individual to remain at home as their needs changed.

Staff shared many examples of positive outcomes for people they supported, evidencing the impact of care on people's health and quality of life.

There was clear evidence of staff working in close partnership with health professionals to ensure that people received the right support for their individual needs. These collaborative relationships allowed concerns to be escalated quickly, ensuring timely and effective responses.

The service evidenced flexibility in meeting individual needs. For example, accommodating requests from people to use their support hours for all day activities and providing gender specific support where this was the preferred option. This promoted choice, dignity, and meaningful engagement.

There were examples of support hours being reduced, reflecting the progress people had made in developing independence and confidence. At the same time, the service demonstrated strong advocacy where reductions in hours were detrimental, ensuring that people's needs remained central to decision making and wellbeing.

Providing support to individuals whilst in hospital enhanced their recovery and maintained continuity of care. This approach strengthened supportive relationships and reinforced that people were valued, respected, and connected even during periods of ill health.

Conversations with individuals, staff, and relatives, alongside personal plans, daily routines, and photographic evidence, indicated that people were supported to engage in activities they genuinely enjoyed. This promoted choice, fulfilment, and wellbeing, while fostering social connection and inclusion. Some people had well established routines.

The community engagement activity coordinator played a pivotal role in sourcing opportunities aligned with people's interests through local knowledge and established connections. By matching opportunities to personal interests, people felt valued and motivated, reinforcing person-centred outcomes. Active engagement in the wider community supported inclusion, friendships, and a sense of belonging and connectedness.

People were empowered to take ownership of activities, making suggestions at the participants' forum and helping to facilitate in house events for people living in the Maryhill complex. This promoted people's independence, built confidence, and reinforced a sense of control over their lives.

Collaboration with external partners provided a range of interesting and innovative social opportunities including creative outlets that people clearly enjoyed. The use of technology offered an accessible and innovative way to engage with people's stories in one of the projects people told us about.

During this inspection we observed staff engaging with people in a natural and respectful manner, fostering positive relationships and helping individuals feel valued. Feedback confirmed that people were positive about the support they received. 'I'm really grateful for the support they give me' and 'I've had a really good experience from them, they're great' were comments people made. It was evident that people received excellent personalised, outcome based support that was tailored to their needs.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Effective management oversight was maintained through the use of structured processes, including regular management team meetings, daily handovers, and monitoring matrices. These systems supported clear communication, accountability, and continuous improvement in the quality of care provided.

New systems had been introduced to strengthen quality assurance and improvement processes, with a more structured approach. Albeit at an early stage, the provider demonstrated a clear commitment to embedding self evaluation, aligned to the Care Inspectorate's quality framework as a driver of continuous improvement.

Having a service improvement plan in place ensured that the service could prioritise and track the progress of key areas for development identified. This ensures that people benefit from care that is proactive, responsive, and committed to enhancing quality. We discussed other approaches the service could take to obtain and evidence feedback from people about the support they receive, recognising this as an important element of quality assurance and continuous improvement.

Observation of staff practice helped identify any staff development needs and provided assurances that staff were working to expected standards. Supervision provided a forum for staff to reflect on their practice, receive constructive feedback, and discuss professional development. This supported continuous improvement, promoted accountability, and ensured that people received care from a confident and well supported workforce.

Audits offered a structured approach to identifying strengths and areas for improvement. Peer auditing within the service was particularly positive, encouraging accountability and reinforcing continuous improvement.

Care reviews ensured that people continued to receive a service that was right for them, reflecting their changing needs and supporting a person centred approach. This placed individuals firmly at the heart of decision making.

Effective systems were in place to monitor and ensure staff maintained registration with the relevant regulatory body. This oversight provides assurance that people are supported by staff who are appropriately qualified and compliant.

How good is our staff team?

5 – Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Daily handovers and effective rota management ensured that information was shared and care was well coordinated with staff appropriately matched, promoting consistency, teamwork, and care tailored to people's needs

It was positive that staff had the opportunity to meet with their peers daily, as lone working can be isolating for staff. This regular contact fostered positive relationships, promoted peer support, and contributed to a stronger sense of teamwork across the service.

Staff wellbeing contributes to the quality of care people receive and has a direct impact on outcomes and the provider had clearly considered this, with wellbeing initiatives in place to support the workforce. These measures helped staff feel valued, promoted resilience, and contributed to a positive working environment, ultimately enhancing the quality of care delivered.

Staff development, including condition specific training, enabled the workforce to practice safely, work confidently, and deliver care tailored to meet people's individual needs.

Senior staff were described as approachable and accessible, helping create a supportive environment where staff felt confident in seeking guidance, raising concerns, and sharing ideas. Low staff turnover ensured more consistent support with people being supported by staff who knew them well.

Safe recruitment, structured induction, and the commitment of permanent staff to cover extra shifts ensured continuity of care, safeguarded people using the service, and promoted confidence in a well prepared and competent workforce.

We suggested that the manager should promote awareness amongst the team of relevant legislation and statutory responsibilities in relation to safe staffing. This will help continue to contribute to the delivery of safe, effective, and person-centred care.

How well is our care and support planned?

5 – Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans reviewed were person-centred, informative, and clearly demonstrated active involvement of individuals in the production of these. Personal plans included the things that were important to people, as well as their likes and dislikes. This ensured that support was tailored to personal preferences, promoting person-centred care and placing individuals at the heart of decision making.

Risk assessments sampled were thorough and appropriate, clearly identifying potential areas of risk across the service. Each assessment demonstrated a structured approach to recognising hazards and evaluating their potential impact. Control measures were clearly set out to mitigate or minimise these risks, ensuring that staff had clear guidance to follow. This not only promoted safe practice but also supported staff confidence in managing risk effectively.

The use of an outcome monitoring tool provided valuable insight into how well individuals felt they were doing across a range of key areas. This approach enabled staff to track achievements, identify emerging needs, and adapt support accordingly. As a result, people experienced support that was tailored, proactive, and reflective of their changing needs and aspirations.

By aligning the new review template to the outcome monitoring tool, the service ensured that reviews were directly linked to measurable outcomes. This strengthened the consistency of recording, provided a clear framework for evaluating progress, and supported staff to evidence the impact of care. As a result, reviews were more purposeful, person centred, and focused on demonstrating how support was meeting individual needs and aspirations.

The manager had identified ways to improve daily notes to ensure that these directly tied in to the outcome monitoring tool used, with record training planned for staff. This will ensure that outcomes can be clearly tracked, and support evaluated more effectively.

We discussed ways to ensure that assessments of need in relation to medication support promoted people's independence and identified the level of support they required. We highlighted that legal documentation which gives staff the legal authority to administer medication to people who lack the capacity to make decisions about their treatment, should be sought from their GP.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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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