

Keltic Care Limited

Housing Support Service

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Telephone: 01463 232 222

Type of inspection:
Unannounced

Completed on:
22 December 2025

Service provided by:
Keltic Care Limited

Service provider number:
SP2004005373

Service no:
CS2004073195

About the service

Keltic Care Ltd is based in Inverness and operates primarily within the Inverness area.

Keltic Care's housing support service provides support to adults with mental health problems and /or learning disabilities living in their own homes. The care at home service provides support to adults who have physical disabilities and/or sensory impairment, and /or older people, and/or adults with learning disability, and/or adults with a mental health problem.

During this inspection there were approximately 130 people using this service.

About the inspection

This was an unannounced inspection which took place on 16 December and finished on 19 December 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 17 people using the service and four of their representatives;
- spoke with 11 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals;
- reviewed completed survey responses. We received a total of 14 staff and nine responses from people supported by the service.

Key messages

- People were happy with the care and support provided.
- Management was responsive to learning and continuing to develop the service.
- Personal plans were person centred and goal orientated.
- The service communicated well with legal guardians and professionals.
- High levels of staff satisfaction in their role.
- Medication quality assurance systems need to be revised and implemented to ensure better outcomes for people supported by the service.

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?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed a team of staff who treated people with compassion and respect. We found staff were knowledgeable about the needs of supported people and provided person-centred care. Feedback from people using the service, families and professionals who supported the service, showed us high levels of satisfaction with the care and support provided.

Comments we received included:

"Makes my life more interesting".

"They work at your pace".

"The support and care has been a blessing". (Relative)

"Without Keltic Care my life would be quite difficult".

Professionals who support the service told us, "Keltic Care provides a client focused approach to their service to the clients", and "I find them to be responsive and compassionate as well as flexible".

People told us about consistency and continuity of staffing. There were no issues with missed visits, and the service contacted people to inform of changes. Whenever possible, the service endeavoured to ensure that people had a say on who provided their care and support. A professional commented that "Keltic Care will always try to accommodate any changes requested in a package of support".

Support plans documented the health and wellbeing needs of people, and the care they required to have good outcomes. People told us about individual support they received and group activities they attended which were organised by the service. People were enabled to maintain and develop interests and activities in a way that they liked.

Feedback from people included:

"I get good support and I have someone" and "helps me when I need help".

Evidence throughout this inspection told us that people's health and wellbeing benefitted from their support and the person-centred approach taken by this service.

People were supported to maintain their homes, manage their money, to budget and benefit from their income. We found evidence that staff were recording all financial transactions. We spoke with management about developing quality improvement systems and oversight of finances, to ensure that the interests of people are safeguarded.

(See area for improvement 1).

Staff had undertaken health related training to ensure that the medical needs of people were supported. Systems were in place for medication management, but improvements were required. To ensure that people's health is protected, the service requires to make sure that detailed protocols are in place for 'as and when' (PRN) and topical medication. Protocols should support staff to understand when medication is required and if it is having the desired effect. **(See requirement 1).**

We found anomalies with the completion of Medication Administration Records (MAR). We spoke with management about strengthening oversight and safe medication practice. This is to ensure that people experience safe and effective support with medication.

(See requirement 1).

The service had informed the Care Inspectorate of the majority of notifiable reportable events. We provided management with information about the 'Adult Care Services: Guidance on records you must keep and notifications you must make'. (March 2025).

We found that the service did not have all relevant legal documentation in place for people they supported. We spoke with the management team about continuing to develop their learning about Adults with Incapacity (AWI) and provided information about relevant sources, ensuring that people's rights are upheld and they are protected. **(See area for improvement 2).**

Throughout this inspection the management team were receptive to guidance and open to new ideas of working, showing that people benefitted from a service that was responsive to change and continued to develop.

Requirements

1. By 19 February 2026, you must ensure you keep people safe and healthy by ensuring medication is handled and administered correctly.

You must at a minimum promote people's wellbeing by:

- a) Carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those.
- b) Ensure that all medication administration records are completed in line with the provider's policy and procedures and follow the prescriber's guidance.
- c) Ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on a 'to be taken when required' (PRN) and for topical medication.

This is to comply with Regulation 4(1)(a)(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 experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11); and

"I am assessed by a qualified person, who involves other people and professionals as required". (HSCS 1.13).

Areas for improvement

1. To ensure effective oversight of the day-to-day delivery of care to service users, the service provider should develop and undertake audits of finances for people supported by the service.

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).

2. To ensure people's wishes and decisions are followed and their independence is promoted whenever possible, the service provider should make sure that all necessary legal information and documentation is in place and up to date.

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

'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); and

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

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.

During this inspection we found evidence that the management team worked well together. Staff told us that they enjoyed their job and felt supported by the management team. Our findings were similar to those of the staff questionnaires undertaken by the service. Findings throughout this inspection showed that the service valued regular feedback and used this learning to improve.

Feedback from staff included:

"I feel this service is very attentive to both service users' and support workers' needs and wellbeing".

"I believe the services Keltic Care provides a high standard; there is always room for improvement in everything we do".

Management told us the service had experienced challenges with staff recruitment since the previous inspection. Despite staffing challenges, we found that people supported by this service had benefitted from a consistent staffing team. This ensured that people experienced stability in their care and support from people who knew their needs, choices and wishes.

Feedback was overwhelmingly positive about staff, the care and service provided.

Comments from people included:

"Staff are pretty good, nice people, nice dispositions, nice personalities".

"Friendly, calm good at listening".

"Well updated" and "well informed". (Relative).

"Staff have made a huge effort to make sure I am looked after".

Professionals who supported the service told us, "They will try and work with the person to resolve issues. This is because their staff have the skills and knowledge needed to support the people they work with".

Safer recruitment guidance had been followed, and staff were registered with the relevant professional bodies. We found evidence of regular supervision and team meetings being in place. Feedback from staff was that they had the right training to undertake their role. Quality assurances processes were in place for training, and the majority of staff were in date for mandatory training. Comments from staff included, "I feel that there is always strong attention in detail in regard to training and staff support be it emotionally or professionally to the job at hand".

Staff were aware of appropriate actions to be undertaken if there were any concerns or wished to make a complaint. This showed that staff had a clear understanding of their responsibilities and people were protected from harm.

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.

Support plans were reflective of people's outcomes and wishes, setting out their individual care and support needs. People supported by this service told us they were involved in developing and reviewing their support plan. Reviews were undertaken on a regular basis, and actions to be followed up were clearly documented. We observed that people did not have copies of support plans in their homes. However, people told us that they could have a copy if they wished. Management told us this was an area they had identified required action, and moving forward were to ask people if they wished a copy of the support plans at reviews.

The service had regular communication with legal guardians, ensuring that when people were unable to make their own decisions, the views of those who know their wishes were sought and were reflective of people's best interests. However, we found that where people had legal arrangements in place, copies of legal documents and powers had not been obtained by the service. (Area for improvement, covered in KQ1). The service had taken steps to collect the necessary legal documentation during this inspection.

Staff and management recognised the need for good communication through various formats. Staff told us they had regular contact with the management team. This ensured that staff had opportunities to raise any concerns about people or situations that required additional support or interventions. Ongoing communication with professionals was in place to ensure that health needs were identified and the right treatment plans were put in place.

Risk assessments were undertaken and referrals made to external professionals to promote the health and wellbeing of people. From our observations and speaking to people, staff had a good understanding and knowledge of the health and wellbeing needs of people the service supported. A professional told us that the service "communicates well with any issues about my client and always responsive to any questions or queries".

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

The provider should continue to develop practice and staff competency by embedding regular use of quality assurance processes around support planning documents. This should include checking that support plans are reviewed within the relevant timescales.

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 7 June 2023.

Action taken since then

The support plans we cited were person centred and goal orientated. The information contained within them was reflective of what people supported by the service had told us.

During this inspection we found evidence that support plans were being reviewed within timescales (6 monthly). Since the previous inspection the service had been developing quality assurance processes around support planning documents. However, this had not yet been fully embedded into practice. We spoke with the service about continuing to develop their quality assurance processes.

This area for improvement has 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.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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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