

## Holistic Care Scotland Support Service

1 Blairs Wood  
Kintore  
INVERURIE  
Aberdeenshire  
AB51 0QQ

Telephone: 07713635165

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

**Completed on:**  
24 November 2025

**Service provided by:**  
Holistic Care Scotland Ltd

**Service provider number:**  
SP2019013359

**Service no:**  
CS2019376835

## About the service

Holistic Care Scotland is a care at home support service and aims to assist those they support to remain within their own home or family home, with an individual care and support package which is person-centred and offers the individual choice, dignity, respect and independence.

The service is registered to provide a care at home service to adults, older people and children in their own homes and in the wider community supported by one staff team covering the Grampian area.

This service registered with the Care Inspectorate on 23 April 2020.

## About the inspection

This was a short notice announced inspection which took place from 19 November to 24 November 2025. 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 to six people using the service and one of their family
- spoke to or received feedback from 15 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced care that was warm, compassionate, inclusive and promoted independence.
- Medication administration recording could be improved, particularly for 'as required' medication.
- The service had robust quality assurance systems in place to monitor and improve care provision.
- The service had proactive contingency measures in place that enhanced resilience.
- Staff were well supported and well-led.
- People's personal plans were detailed and person-centred, but some required additional detail and assessment to ensure safe and effective care.
- People's plans required more detail about their preferences for end-of-life care to ensure staff could respond well in critical situations.

## 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?	5 - Very Good
How good is our staff team?	5 - Very 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 evaluated this key question as good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed warm and compassionate care and interactions between people and carers. It was clear that carers knew people very well. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. We were confident that people's dignity was respected, and their day-to-day needs were met.

We received positive feedback about the care people received. One person told us, 'Carers are all very nice' while another described carers as her 'Extended family', which showed strong relationships and continuity of care.

Staff used calm and inclusive approaches, particularly for people living with dementia. We observed carers adapting communication and offering reassurance during personal care, which helped people feel safe and emotionally secure.

People were involved in decisions and offered support and encouragement to maintain independence. This meant they felt valued and respected, with care delivered in a spirit of genuine partnership.

Physical health needs were generally well managed. Risk assessments and occupational therapy guidelines were in place, and staff followed safe moving and handling practices. We saw evidence of staff seeking proactive advice, such as contacting the GP and NHS 24 for mobility concerns, although referrals to physiotherapy or occupational therapy were sometimes not considered. This shows staff were responsive but could strengthen multidisciplinary input further.

People's personal plans were detailed, person-centred and reflected emotional needs and social connections. For example, one plan acknowledged grief after a bereavement and included strategies for maintaining friendships, such as support with emailing and writing letters. This supported emotional wellbeing. There were aspects of personal planning that could be improved. Please see the section on 'How well is our care and support planned?' for further details.

Staff supported people with medication management in line with their preferences. However, some aspects of practice should be improved. We noted unclear corrections and incorrect counts on medication administration sheets in one person's home, which should have been identified and addressed sooner. These gaps could compromise medication safety and, consequently, the person's health and wellbeing. Recording of 'as required' medication also lacked detail about the reason for administration and its effectiveness. This meant people could receive medication that was no longer appropriate or effective (see area for improvement 1).

### Areas for improvement

1. To ensure that people's health and wellbeing benefits from a robust medication management system, the provider should ensure up-to-date medication records are fully and accurately completed. This should include, but not be limited to:

- a) providing staff with additional training or support to improve their understanding of, and ability to follow, medication administration and recording procedures
- b) ensuring detailed and up-to-date guidance is available for staff to support the use of 'as required' medication
- c) ensuring staff consistently record why 'as required' medication was given and its effectiveness
- d) continuing regular recorded direct observations and assessment of staff practice in medication management to ensure that the additional support results in consistently better practice
- e) regularly auditing medication administration charts to monitor compliance.

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).

### How good is our leadership?

### 5 - Very Good

We found significant strengths in the service leadership that supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff and relatives praised managers for being approachable and responsive, which built trust and confidence in the service. Regular team meetings, supervision sessions, and competency checks were in place and highlighted both good practice and areas for development. As a result, we were confident that staff were well-led.

Carers spoke positively about their experience of working for the service and felt supported to carry out their roles effectively, which contributed to a strong team culture.

The service had recently experienced changes at manager and team leader level, which could have caused anxiety for people, families, and staff. However, management made a dedicated effort to communicate openly with people about the changes and to ensure staff continued to receive good quality training that supported their ongoing professional development.

The service had robust quality assurance systems in place, including medication audits, competency assessments, and compliance trackers for professional registration. Medication audits were completed and showed no issues, and staff competency checks for medication were thorough and signed off by team leaders. Management meetings and team briefings included quality assurance discussions and were minuted constructively, promoting shared responsibility for improvement. These processes provided effective oversight of key areas and supported continuous improvement, enhancing the likelihood of positive outcomes for people.

The service had proactive measures in place to enhance resilience, such as winter continuity plans and client-specific contingency lists. These strengths meant people and staff benefitted from a well-led service that prioritised safety and continuous improvement.

The service managed incidents effectively and made timely notifications to relevant professional bodies, such as, the adult support and protection team and the Care Inspectorate. However, we noted one instance where an update notification should have been submitted. The manager assured us they will review their practice to ensure all notifications and updates are submitted promptly in future. This will help demonstrate that the service operates in an open and transparent manner.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in staffing that supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff told us they felt skilled and competent, with the service providing them any support and training they needed. They enjoyed working for the service and described positive team relationships. Support systems included training, supervision, competency assessments, team meetings, and informal guidance, all of which helped maintain confidence and consistency in care. Together, these measures meant people could be confident they were being supported by a skilled, well-led team committed to continuous improvement.

The service had recently recruited a few staff. Recruitment was thorough, with appropriate pre-employment checks being undertaken such as criminal disclosure, professional registration and right-to-work verification. We noted that while interviewers completed interview questionnaires in detail, scoring was sometimes missing. We advised the service to include scoring consistently as this would further reassure people that staff were recruited fairly and robustly and were fit to undertake the roles they had been recruited for.

The service had effective contingency measures in place to support care staff, such as contracted taxis for those who did not drive and flexible shift patterns when needed. These arrangements helped maintain service continuity for people and reduced stress for staff, which supported retention. There were no vacancies, and staffing levels were sufficient to meet people's needs. These strengths meant people experienced care from a stable team who knew them well and could quickly recognise and respond to any changes in their health and wellbeing.

The service was working to promote staff internally to senior roles and build internal capacity by offering some staff opportunities to attend 'train the trainer' courses. This will enable staff to support colleagues with training in key areas such as medication management and moving and positioning. These initiatives were helping staff feel valued and confident in their roles, which supports teamwork. This will also help ensure people experience consistent, well-coordinated care from a skilled and stable workforce.

## How well is our care and support planned?

**4 - Good**

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

People's plans were detailed and person-centred, including preferences, routines, and social interests that supported meaningful engagement. For example, one person's plan highlighted their favourite TV programmes and activities such as board games and bird watching. We observed a staff member having a warm conversation with the person about the garden and the birds visiting the feeder, which aligned with the interests recorded in their plan. This improved the person's emotional wellbeing and demonstrated that the service valued and respected people's individuality.

Instructions for managing falls, choking, and mobility risks were clear within the plans, helping people and staff feel safe. However, some plans lacked medical history and detailed risk assessments or assessment sign-off sheets. End-of-life sections in some plans also contained limited information and did not provide clear guidance for staff in emergencies, such as which family member to contact for decisions and to ensure family are informed sensitively if their loved one passes away. These gaps reduced clarity for staff and could compromise safe decision-making and responsiveness in critical situations, increasing risk for people. We discussed this with management, who assured us they would review all plans and update them as needed to ensure they provide clear, consistent detail that supports safe and effective care (see area for improvement 1).

Care notes were person-centred and comprehensive, offering a clear picture of how the person's day had been, including elements of meaningful engagement rather than just tasks completed. Recording these social interactions helped staff continue conversations that people enjoyed, contributing to continuity of care and positive wellbeing.

We noted on one occasion that a staff member had mentioned another person's name in the notes. We raised this with the manager, who assured us they would discuss this with staff and ensure greater attention to confidentiality so that people's privacy is protected (see area for improvement 1).

People had regular reviews to discuss their support needs. Reviews were completed well and noted any changes needed to personal plans or risk assessments. When a person's needs changed, their support plan had been updated to reflect these. This helped staff provide care and support that met each person's current health and wellbeing needs.

## Areas for improvement

1. To promote people's wellbeing, the provider should ensure personal plans and associated records are accurate, up-to-date, and support staff to deliver the right care.

To do this, the provider should:

- a) audit all personal plans and in-house folders to ensure they contain relevant, up-to-date information that reflects people's current needs and wishes
- b) ensure risk assessment paperwork is available in all plans, including sign-off sheets confirming staff have read and understood the contents
- c) ensure staff maintain confidentiality while documenting clear records of the support provided during visits.

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

'My personal 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 since the last inspection. Details of any older 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?	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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