

# Stewartry Care Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 January 2026

**Service provided by:**  
Stewartry Care Limited

**Service provider number:**  
SP2003002552

**Service no:**  
CS2004071623

## About the service

Stewartry Care is registered to provide support to adults in their own homes with a physical/mental, learning or sensory disability. The provider is Stewartry Care Limited.

At the time of inspection, 86 adults were being supported by the service. Support ranged from 15 minutes to four hours per day for people living within Dumfries, Dalbeattie, Castle Douglas, Kirkcudbright, and Gatehouse of Fleet.

The registered manager works from the main office base in Dalbeattie and is responsible for coordinating the overall running of the service.

## About the inspection

This was an unannounced inspection which took place on 12, 13 and 14 January 2026 between 08:00 and 17:30. 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 11 people using the service and three relatives
- spoke with staff and members of the management team
- received 25 completed questionnaires (this includes all types)
- observed practice and daily life
- visited 11 people in their own home
- reviewed documentation
- obtained feedback from stakeholders

## Key messages

- Staff developed meaningful relationships with people based on warmth, respect and compassion.
- People felt valued as individuals and were confident in how the service responded to their needs.
- Families reported being happy with the care and support their loved ones received.
- People's care and support benefited from consistent staff teams.

## 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? | 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?

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.

People spoke very highly about the service and the positive impact it had made on the quality of their lives. People described the physical and mental benefits of being supported with a range of activities of their/ their family members' choosing. Some people also told us how the flexibility of the service had led to better outcomes for them.

Feedback was positive about the quality of care and support people received. Comments included "Stewartry Care are the best team, I feel very blessed to have them" and "everyone is very nice, I would be lost without my carers." Relatives' comments included " the team do the best they can and communicate well, they keep me involved." "Stewartry Care have overcome and continue to deal with countless challenges; they always try their best."

People told us about events and activities that were meaningful to them. Coffee mornings, activity sessions and 'Make a Wish' days organised by the service gave opportunity for people to socialise and learn together. Relationships between people experiencing care were developed because of well provided activities.

Where risks to safety were identified, assessments were undertaken which identified the actions that could be taken to avoid or reduce risk. These were reviewed on a regular basis to make sure information was up to date and accurate. The risk assessments helped to inform care plans instructions as to how people should best be supported. We saw examples where the support provided followed the directions within the care plans. This had helped make sure the service was meeting people's needs and keeping them safe.

We found some areas of care plans that were not as well completed. These are recorded in more detail under Key Question 5 of this report.

Where people's needs had changed, the service had made adjustments to the support provided to help achieve the best possible outcomes for people. Staff described how good communication meant they had been kept informed about changes to people's health and/or care needs.

Staff could clearly describe their role in supporting and reporting on people's health. We saw examples that showed where staff had effectively raised health concerns about service users in a timely manner. This included reporting health and wellbeing concerns to appropriate healthcare professionals which had helped achieve the best possible outcomes for people.

Medication administration records (MAR) showed that people received their medication as they were prescribed and in line with their preferences. The service had a medication policy in place which outlined best practice on how medicines would be safely administered. MARs were reviewed on a regular basis to ensure safe compliance. We were confident that people's medication needs were being regularly reviewed and monitored.

**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.

The staff team were valued by people experiencing care. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "I am very happy with the care I receive; everyone is kind and respectful." and "The staff are very good at their job." Relatives we spoke with said "If I have any issues or need to change things the office staff are very accommodating." This assured us that the staff team were caring and considerate in their practice.

People's services were commissioned by social work services. The level of support commissioned was based upon an assessment of people's care and support needs. Where people's needs changed or increased, the provider liaised with social workers to address any gaps. This was to ensure people's health, safety, and wellbeing.

Staff had regular group and one-to-one meetings to discuss their practice and wellbeing. A range of forums and surveys gave staff an opportunity to influence service development which gave them a sense of inclusion. This culture enhanced staff performance and outcomes for people.

The service aimed to employ staff with the right values to support people and protect them from harm and had a range of policies and procedures to help promote this. We reviewed how safely staff had been recruited and found that best practice had been followed with all relevant checks completed. Staff were provided with a good level of induction when they started to provide them with enough knowledge to support people safely.

We observed good team working between staff. Direct observations of staff practice had been completed and these helped reinforce good practice and helped staff understand their role. Staff consistently told us the management team were approachable and available to support them where needed. This supported a positive working relationship between management and staff teams.

The service's approach to staffing arrangements and development had resulted in a skilled workforce. Staff had a strong understanding of people's needs and wishes, had developed positive rapport with people, and were highly motivated to enhance their life experiences. Staff told us they felt supported in their role.

The service continues to progress well in the development and implementation of digital technology to support care delivery. Digital development champions have been identified within the team, and they are actively driving forward improvements and learning. This will ensure that technology is used effectively within people's homes to enhance care outcomes.

Carer surgeries have also been introduced, providing opportunities for carers to attend informal sessions, share feedback, and discuss any concerns or ideas. These sessions have been positively received and contribute to ongoing support and staff development.

In addition, staff vehicles were purchased to facilitate community visits, improving staff mobility and ensuring timely support for individuals in their homes.

## How well is our care and support planned?

4 - Good

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

All people had a personal plan in place; these were recorded within an electronic care planning system and a paper copy within people's homes. Staff were now familiar with using this system and the quality of personal plan information was being developed.

Prior to using the service, assessments took place to obtain information on people's needs. This was to ensure the service would be appropriate and the provider had the resources required to meet the needs of people supported.

Personal plans contained health assessments, care plans, and risk assessments. The system in place highlighted when information was required to be updated or was overdue. Reviews of personal plans and specific care plans took place as part of care and support review processes. External professional input and guidance was included in people's personal plans where appropriate.

Care and support plans held some important and relevant information, but there were still some gaps within documentation. To demonstrate person centred approaches, the contents of personal plans should focus on 'what matters to a person'. Changes need to be considered so people benefit from personal plans which are easy to access, capture good conversations and show active participation. This will support the development of dynamic, person-centred personal plans. (See area for improvement 1)

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and how to support people with any related decisions.

We saw evidence of six-monthly care and support reviews and regular quality assurance visits taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of service users and relatives. This helped people to get involved in leading and directing their own care and support.

## Areas for improvement

1. The service provider should improve support planning to ensure it is person-centred and outcome focused to provide guidance for staff on how best to support people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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 1.1)

## 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?                                 | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support     | 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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