

# SupportCare24 Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 February 2026

**Service provided by:**  
C & S Recruitment Limited

**Service provider number:**  
SP2022000113

**Service no:**  
CS2025000199

## About the service

SupportCare24 offer care at home support services to older adults. Their office base is currently in Glasgow. The service is registered to provide care and support in Glasgow, Inverclyde and West Dunbartonshire.

The service was registered in 2024. This was the first inspection of the service.

At the time of inspection the service was supporting three individuals.

## About the inspection

This was an unannounced inspection which took place between 9 February 2026 and 12 February 2026 between the hours 07:00 and 18:00. Feedback was provided to the service remotely on 13 February 2026. 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 registration information, information submitted by the service and intelligence gathered. This was the first inspection of the service since registration. In making our evaluations of the service we:

- spoke with two people using the service and one of their family members
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- prior to the inspection we issued questionnaires and received one back from a person supported, one from a relative of a person supported, eight members of staff and one external professional.

## Key messages

- People experienced care and support that promoted their health and wellbeing.
- People receiving care and support told us they were happy with the service.
- The service was well led by a responsive manager.
- Enhancing existing quality assurance systems would support the ongoing development of the service.
- Staff worked well together to deliver consistent care.

## 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?                | 4 - Good |
| How good is our staff team?                | 4 - 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. One person told us "she (the worker) is just great, we get on very well, she is like a good friend". This helped to make people feel valued.

People benefited from being supported by a consistent staff team who knew them well. One relative told us "they are just genuinely caring people and look after him (person supported) so well". Staff responded to changes in health care needs and liaised with external health professionals. This helped to keep people well. We received positive feedback from an external professional. When staff practice did not align to expectations, the service responded with additional training and support for the staff. This helped to keep people safe.

People were supported to access a balanced diet and, where needed, were assisted with meal preparation. Staff also supported people to shop for food and access meals in the community. This promoted choice and independence.

Medication assistance was limited due to the assessed needs of individuals. Where support was required, medication was managed safely. An electronic system was used to record medication administration and evidence individuals were supported to take the right medication at the right time. This helped to keep people well.

Meaningful connection and activity are important for people's health and wellbeing. People were supported to maintain relationships with those important to them. People were encouraged to maintain interests and hobbies. This included support with accessing the local community, meals out and attending day opportunities. People enjoyed these and attendance helped keep people connected.

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Individuals spoke positively regarding the communication from the management team. One person told us "there were some teething problems at the start but once we spoke about this, it was fixed", whilst a member of staff commented "we are all well supported within our roles". This helped to make staff feel valued.

People should benefit from a culture of continuous improvement. The service had commenced self-evaluation processes. A range of routine quality checks had been completed of key areas, including medication management, personal planning, infection control, staff practice and health and safety. Staff practice was monitored through observed practice and unannounced spot checks. This provided oversight of care delivery and supported consistent standards.

Appropriate action plans were completed where required. This allowed monitoring of the improvements being implemented. We asked the manager to further strengthen quality assurance arrangements for record keeping to ensure improvements were consistently identified and addressed.

The service routinely sought feedback from individuals, their families and the staff team. We could see that this was used to make changes when required. We asked that this be reflected in the service improvement plan. This would further demonstrate that the service was responsive to individual feedback.

An electronic system was in place to record and monitor accidents and incidents. Although no adverse events had occurred, this system provided reassurance and oversight if needed.

An appropriate complaint policy and procedure was in place. This system allowed the management team to evidence what actions had been taken in response to complaints or concerns. There had been no complaints received by the service.

### How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Staffing levels were determined at the point of referral and assessment. The service ensured that these levels were maintained and provided consistent staff teams. One relative told us "it is the same three staff over the week, this has helped him (person supported) get to know them", whilst a member of staff commented "we work well together and make sure we are doing what we should be". The service was in process of matching and introducing "relief staff" help maintain continuity in the event of absence.

The staff team engaged with the training provided. Staff practice was assessed using observed practice and unannounced spot checks. These were carried out in relation to infection control, communication, moving and handling, interactions and health and safety. Where needed, appropriate guidance had been provided for the staff member. This helped to ensure that staff consistently worked to a good standard. One member of staff commented "The support from the manager helps the team to be well-supported and well-trained". This helped staff feel valued.

It is important for staff to have protected time with their line manager. This ensures staff and managers have the time and space to share what is working well and what could be improved. The manager offered supervision and team meetings. However, these were not yet embedded on a routine schedule. We asked the manager to formalise arrangements to ensure staff had protected time for reflection, support and development.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff confirmed that they had been afforded the opportunity to shadow more experienced staff to prepare them for their role. This helped them to get to know individuals and the expectations of the service.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

The service used an electronic system to support personal planning and record keeping. This system provided access to individuals supported or those closest to them. Overall, personal plans were written in a person-led way and involved those supported by the service and those closest to them. This had resulted in clear personal plans which included individuals' wishes and preferences. This meant staff had clear direction about people's support needs and their choices and wishes.

Personal plans were informed by risk assessments. Guidance was available for staff regarding life histories and what support individuals were assessed as requiring. This helped to keep people well. Staff could access the personal plans prior to attending individual homes ensuring they were informed of individuals' needs and preferences.

Staff documented outcomes of care interactions during each visit. However, we identified some instances where daily records were task focused and did not consistently evaluate the impact of care on people's experiences. While this limited the service's ability to fully evidence outcomes for individuals, the management team shared plans during the inspection to address this. This demonstrated a commitment to improvement.

The service had an effective system in place to plan and monitor care reviews, which ensured that people using the service and those closest to them were given the opportunity to be involved in evaluating their care and support. This contributed positively to the ongoing review and development of care arrangements ensuring people got the right care for them.

## 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?  | 4 - Good |
| 2.2 Quality assurance and improvement is led well                          | 4 - Good |
| How good is our staff team?  | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together           | 4 - 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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