

# West Lothian Housing with Care- (Colinshiel Court and Norvell Lodge) Housing Support Service

Colinshiel Court  
McNeil Crescent  
Armadale  
Bathgate  
EH48 2NB

Telephone: 01501 734046

**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2026

**Service provided by:**  
West Lothian Council

**Service provider number:**  
SP2003002601

**Service no:**  
CS2022000332

## About the service

West Lothian Council - Housing with Care was registered with the Care Inspectorate on 1 November 2022 to provide both a support service (care at home) and a housing support service to tenants living in two developments, Colinshiel Court and Rosemount Gardens. Novell Lodge was added to the registration in 2025 with the same manager responsible for the three developments. The developments are owned by Housing Associations and West Lothian Council who act as landlords. West Lothian Council is the provider.

A team of onsite staff, at each development, support tenants to maximise their independence through the provision of housing support and care and support. Some tenants receive additional support from specialist services as determined by their assessment of need.

The overall service aims are:

'To enable individuals or couples to live as independently as possible in their own tenancy by combining the services of housing and social work professionals in a planned and streamlined way'.

## About the inspection

This was an unannounced inspection which took place on 15, 16 and 17 January 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 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 15 people using the service and two of their family members
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with a visiting health professional

## Key messages

- Staff are very highly thought of by tenants and family members we spoke with
- Staff are well trained and work well as a team
- Support plans and risk assessments must be brought up to date
- Six monthly reviews must be taking place
- Formal tenant meetings should be held regularly
- Formal supervision for all staff should be taking place

## 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 staff team?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We spoke with 15 tenants across the two developments we visited. All were happy living there, they felt staff were very supportive and treated them with kindness, dignity and respect.

Tenants had support with any healthcare issues which meant they were able to maintain their independence with the assistance they needed. They told us they felt able to speak with staff if they were worried about anything confident they would get the help they needed. One tenant told us staff 'got to know me so knew if I wasn't right'.

It was good to hear of a volunteer/befriender service that supported tenants who felt isolated or needed individual support.

We also spoke with two family members who were visiting and they were also happy with the service. One told us they were 'very pleased my relative came in here, they couldn't be anywhere better, staff are so lovely and caring, they look after them and make sure they are well and doing fine. We have no complaints, glad they are here and we know they are safe'

We spoke with a visiting district nurse who could not praise the service highly enough especially the staff. They told us 'staff in here are brilliant, they know the people really well. They treat people like they would members of their own families, they are doing a great job'

Tenants benefited from a staff member sleeping over in the building. This meant a staff member was always available to help in the event of an accident or incident.

There was a long running issue with some of the food that was served. Tenants told us the quality of some meals meant they did not eat them. Tenants had raised this for over two years yet they did not get any feedback about any possible actions being taken that could lead to improvements. Although the manager did not have direct line management of the kitchen there should be actions taken to improve outcomes for tenants living there.

If a tenant raises an issue they should receive feedback on any actions or outcomes. This will ensure people feel listened to and their views matter and can lead to improvements in the quality of the service they receive. See area for improvement 1.

Mealtimes are an important part of people's day so it should be enjoyable with nutritious, healthy foods that they want to eat.

Tenant meetings had not been held for a while but we were glad to see these were now part of the improvement plan with meetings about to start again. It is important tenants have opportunities to give their views and raise any issues on the quality of the service they receive. We look forward to seeing progress on this at the next inspection.

## Areas for improvement

1. To support people's health and wellbeing the provider should ensure tenants receive feedback when they raise issues.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.(HSCS 4.8)

### 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 manager had an open door policy which meant staff could easily approach her to raise any issues they may have. The manager spent time with staff in each development and staff told us she was approachable and supportive. Although there was informal supervision taking place there was a need for planned, recorded supervision that can be used for feedback on staff performance, time for reflection on any incidents that had taken place or discussions around training and development. Planned supervision was now part of the improvement plan and we look forward to seeing this progress at the next inspection

Staff we spoke with told us their training was all up to date and with mandatory training at 90 or 100% this was confirmed. We were pleased to hear dementia awareness training was taking place however this had not been completed by newer staff. The manager agreed to roll this out to staff who had not already completed this. This will ensure all staff have the skills and knowledge to support tenants on their dementia journey.

We observed staff worked well together in the two developments we visited. They supported each other and staff we spoke with told us there was good team work. However there should be planned team meetings to bring staff together to share information and reflect on what is working well and areas that may need improvement.

Staff, as already said in this report, were very highly thought of by everyone we spoke with.

### How well is our care and support planned?

**3 - Adequate**

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

Some Personal Care Plans (PCPs) were well written with a good level of information that provided a real sense of the person's individual needs but this was inconsistent across different plans looked at with some PCPs blank.

There was no evidence PCPs were regularly reviewed to ensure the plan continued to meet the individuals changing needs. PCPs in general should be reviewed at least six monthly to ensure they are reflective of the current support needs. If there are no changes needed this should be noted with the date to evidence a review had taken place. An example was a plan written in May 2023 not reviewed since then despite a deterioration in mobility noted at review in September 2025.

This person's risk assessment dated January 2023 was also not updated to reflect this change in their mobility. This may mean staff are not offering the correct support to try to reduce any identified risks.

Risk assessments generally were not regularly reviewed with some looked at from 2022 and 2023 with no evidence of any updates. Some plans did not have risk assessments which meant there were no steps for staff to take to try to reduce any identified risks.

Reviews were out of date and some seemed to have been held annually instead of the legislation requirement of six monthly. Review documentation should be in each tenant's PCP however some of these were piled in the office and had been there since February.

A review MATRIX that identifies when reviews are due and when they actually take place would then guide staff on when the next review should take place. This MATRIX would allow the manager to monitor when reviews were taking place to ensure compliance with legislation.

See requirement 1.

## Requirements

1. By 30 June 2026 the provider must ensure each tenant has an appropriate personal care plan to ensure their health, welfare and safety.

To do this the provider must at a minimum:

- a) ensure care plans are completed robustly detailing how people are to be supported and contain clear guidance for staff.
- b) where there is a risk identified there is appropriate risk reduction or preventative measures to provide guidance to staff.
- c) ensure care plans are reviewed and updated when people's needs change.
- d) ensure six monthly reviews of the service are implemented with personal support plans and risk assessments reviewed to ensure they reflect the person's current needs

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

## 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 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.