

# Compcare Comprehensive Care Services Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 January 2026

**Service provided by:**  
Independent Lifestyle Limited

**Service provider number:**  
SP2004004456

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CS2025000205

## About the service

Compcare Comprehensive Care Services provides a care at home and housing support service, with housing support having been added to their registration in 2025. The service aims to provide comprehensive care at home to suit individual requirements, supporting people to remain in their own homes and to remain active in their local community.

The service currently has office bases in Clydebank and South Ayrshire. Services are being provided across West Dunbartonshire, East Dunbartonshire, Falkirk, Renfrewshire and South Ayrshire local authority areas following expansion since our last inspection. There were 142 people using the service at the time of our inspection.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 January 2026. The inspection was carried out by three inspectors from the Care Inspectorate and with the support of an inspection volunteer. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints 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 19 of their family members
- spoke with 23 staff and management
- reviewed survey results from 17 people/relatives, 16 staff, five external professionals
- observed practice and daily life
- reviewed documents
- spoke with ten external health and social care professionals.

## Key messages

- We found that many people were happy with their care and support, however, this was variable across the service. Improvements were required to ensure people were supported safely with their prescribed medication.
- Leadership and management lacked appropriate oversight and we made a requirement with regards to routine checks and identifying improvements that should be made.
- The management team needed to improve staffing arrangements to support positive outcomes for people and staff.
- Care plans were variable and not consistent, some lacked vital information. We made a requirement in relation to care planning.

## 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 leadership?	2 - Weak
How good is our staff team?	2 - Weak
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?

## 3 - Adequate

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

We engaged with a wide range of people using the service, as well as their relatives, across the local authority areas in which the service operates. Many individuals shared very positive experiences, expressing satisfaction with the care and support they received. People particularly valued being matched with staff who spoke their preferred language and appreciated the continuity of having consistent support workers, which helped build trusting and effective relationships. Feedback from some external health and social care professionals was also positive.

However, some people and relatives described practice issues that had affected people's health and wellbeing outcomes. Some local authority representatives also highlighted concerns that had been brought to their attention, indicating that these issues were not isolated.

Our review of medication records and related care plan documents showed inconsistencies and gaps. The service already had an outstanding area for improvement relating to medication documentation (see "Outstanding areas for improvement" later in this report), and this has now been incorporated into a new requirement (see Requirement 1). We found care plan information which had become out of date and contained conflicting information with regards to level of support that people required to safely take their prescribed medication. We pointed out some very specific examples to the service where people were at risk of poor health outcomes. We also found that health-related risk assessments were often not sufficiently detailed or reflective of people's current support needs. Similar gaps were identified in moving and assisting information, where it was not always clear what level of support was required or what actions staff should take. These omissions had the potential to result in people not being supported in line with their assessed needs.

Although most people we spoke with did not raise concerns about Infection Prevention and Control (IPC) or the use of Personal Protective Equipment (PPE), recurring themes in documentation and other feedback suggested that best practice guidance was not always being followed. Overall, these themes meant that people's health and wellbeing outcomes were potentially at risk.

### Requirements

1. By 1 June 2026, the provider must ensure people are supported safely with their medication. To do this, the provider must, at a minimum:
  - a) Have a medication policy that reflects best practice.
  - b) Ensure personal plans and risk assessments contain detailed information on how a person is to be supported with their medication. This should include information on any "as required" medication.
  - c) Ensure people are supported in line with their assessed needs, with records kept to detail the support provided.
  - d) Medication administration records accurately detail all prescribed medication, doses and times of administration in line with the prescriber's instructions.
  - e) Implement quality assurance systems based on best practice guidance to effectively monitor compliance and identify areas for improvement. Actions identified must be implemented.

This is 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 that care and support is consistent with 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?

**2 - Weak**

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

We found that the service had made some recent improvements to aspects of its recording practices and had begun introducing additional quality assurance measures. However, these developments appeared largely reactive, prompted by significant concerns raised by some Health and Social Care Partnerships (HSCPs), rather than being driven by the service's own quality assurance systems or self-evaluation processes. The provision of incomplete information during our inspection further raised our concerns about the lack of appropriate oversight.

Our review of the accident and incident log showed that while emergency actions were often taken at the time of an event, there was little evidence of follow-up learning or analysis of themes. Care plans and risk assessments were not consistently updated after incidents or feedback, meaning they did not always reflect people's current support needs. We identified occasions where the service should have submitted required notifications to us but had not done so, limiting our ability to carry out effective scrutiny and improvement work. (see Area for Improvement 1)

Some care plan audits were in place, but they did not fully capture the lived experience, needs or goals of the people supported. The audits tended to be surface-level and did not reflect the issues we identified when reviewing plans in depth. Medication audits were being completed though they did not always lead to meaningful learning or improvements in people's day to day support. In contrast, finance audits were more thorough and appeared to contribute more effectively to safeguarding people's financial wellbeing.

Some people and families told us that minor issues had been addressed, but the complaints log did not reflect all concerns raised and lacked meaningful analysis. This resulted in missed opportunities for improvement. The complaints policy itself was misleading and may have created barriers for people wishing to raise concerns. While the service had gathered feedback from supported people, this information was not well presented or used effectively to inform improvement work.

Overall, we were not assured that management oversight and continuous improvement were being well led. We identified several areas that require improvement. The service already had an outstanding area for improvement relating to quality assurance (see "Outstanding areas for improvement" later in this report), and we have incorporated this into a new requirement (see Requirement 1).

## Requirements

1. By 1 June 2026, the provider must develop and implement effective and robust quality assurance systems. To do this, the provider must, at a minimum:

- a) Review and improve recording, monitoring, and auditing of service provision and ensure that clear actions are identified and recorded.
- b) Develop a complaints policy that is effective and transparent, ensuring concerns are responded to and actioned appropriately.
- c) Seek meaningful feedback from stakeholders and use the findings to identify themes for improvement.
- d) Demonstrate effective identification of improvements that should inform a SMART (Specific, Measurable, Achievable, Relevant, Time-bound) development plan.

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 that care and support is consistent with 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)

## Areas for improvement

1. To support positive outcomes for people, the provider should comply with the Care Inspectorate guidance 'Adult care services: Guidance on records you must keep and notifications you must make'. This should include, but is not limited to ensuring the Care Inspectorate is notified of all relevant incidents under the correct notification heading and within the required timeframe.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes ' (HSCS 4.19)

## How good is our staff team?

**2 - Weak**

Overall, we evaluated this key question as weak, as we identified important weaknesses which required priority action.

The service had an existing area for improvement relating to recruitment records (see "Outstanding areas for improvement" later in this report), and we have incorporated this into a new requirement (see Requirement 1). There were some positive developments, including the introduction of formal assurances to confirm competence levels for staff who used English as a second language.

All sampled staff were professionally registered with the Scottish Social Services Council (SSSC), and most had completed online training. However, we identified concerns about how training was being delivered, monitored, and assessed in terms of its effectiveness. This issue is reflected in an existing area for improvement (see "Outstanding areas for improvement" later in this report), and we have incorporated this into a new requirement (see Requirement 2). While we observed warm and positive staff practice, we were also aware of concerns where staff had supported people without the appropriate knowledge and skill in some circumstances.

Many people we spoke with were positive about the staff providing their care and support. In some cases, consistent staffing contributed to continuity of care and worked well for supported people, however, this was variable across the service. We also identified concerns about staff arrangements and deployment, and heard examples of how these issues had negatively affected outcomes for people.

These concerns are reflected in an existing area for improvement (see "Outstanding areas for improvement" later in this report), and we have incorporated this into a new requirement (see Requirement 3). We also noted that these staffing pressures had an impact on staff wellbeing.

## Requirements

1. By 1 June 2026, the provider must ensure people are supported by staff who have been recruited safely. To do this, the provider must at a minimum:

- a) Complete robust checks on supplied references for accuracy.
- b) Check application information is consistent with interview answers and notes.
- c) Ensure robust interview process that accurately captures relevant employment history.

This is to comply with section 7(1)(a)(b)&(c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I am confident that the people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

2. By 1 June 2026, the provider must ensure people are supported by a staff team who are trained and competent to undertake their role. To do this, the provider must at a minimum:

- a) Ensure staff are provided with an appropriate induction with records completed timeously.
- b) Complete a training needs analysis which informs staff training.
- c) Ensure mandatory training is completed and regularly refreshed.
- d) Undertake staff competency assessments including, but not limited to, medication, moving and assisting and infection prevention control.

This is to comply with section 8(1) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". (HSC3.14)

3. By 1 June 2026, the provider must ensure staffing arrangements meet people's needs. To do this the provider, must at a minimum ensure:

- a) Staffing numbers are sufficient to appropriately meet visit schedules.
- b) Staff deployment works well to support outcomes for people.
- c) Staff deployment does not negatively impact on staff wellbeing.
- d) People are made aware of any significant changes to their care and support.

This is to comply with section 7(1)(a)(b)&(c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with Health and Social Care Standards which state, "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event". (HSCS 4.14)

## How well is our care and support planned?

## 3 - Adequate

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

Some of the care plans we sampled contained detailed information in certain sections. However, we found inconsistencies within other sections and across the wider sample. Reviews that had taken place were not well recorded and did not demonstrate whether people were achieving their goals or outcomes. Several care plans lacked important information, which created risks when support was provided by staff who were less familiar with the person. This issue is reflected in an existing area for improvement (see "Outstanding areas for improvement" later in this report), and we have incorporated it into a new requirement (see Requirement 1).

We noted some personal plans were not written in a language that was easy to understand and at times did not refer to the correct supported person. While some people or their representatives had access to their care plans, others experienced difficulties accessing the online platform. Management told us they were taking steps to ensure people or their representatives could access review minutes.

There was not a clear system in place to monitor recordings made by staff. This meant there was no oversight of this information. This prevented the service being able to identify issues that required action or drive improvement.

### Requirements

1. By 1 June 2026, the provider must ensure each person has a personal plan in place which sets out how their health, welfare and safety needs are met. To do this the provider must, at a minimum, ensure:
  - a) Personal plans contain detailed and accurate person-centred information which is accessible to people and/or their representatives.
  - b) Robust risk assessments are completed and used to inform how people are to be supported. This should include, but not limited to, risks related to medication, dietary needs and moving and assisting.
  - c) Plans are reviewed at least six-monthly or as people's needs change, clearly document the involvement of people and/ or their representatives.
  - d) Regular evaluation and audit of plans to monitor quality and effectiveness.

This is to comply with regulation 5(1) and 5(2) 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 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 1.15)

## 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 service should make medication recording sheets clearer and more detailed. This should include, but not limited to, dose, timings and note outcomes of any "as required" medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "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 26 January 2024.**

#### Action taken since then

The number of people that required support with medication had increased alongside the expansion of the service. We sampled Medication Administration Records (MAR) which were a mix of online and/or paper recordings. Whilst some appeared to be of reasonable standard, there were inconsistencies within others. This included unexplained gaps in recordings and a lack of clarity with regards to "as required" medication protocols. It was not always clear why "as required" medication had been administered, at what time or to what effect. These concerns were accompanied by ineffective risk assessments, a lack of clear care plan information and a policy which did not effectively outline appropriate guidance for staff.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question "How well do we support people's wellbeing?".

#### Previous area for improvement 2

The service should ensure that they fully record all the information that they have gathered during the staff recruitment process. This should include, but not limited to, interview notes, right to work information, employment references and evidence that they have questioned any gaps in employment history.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I am confident that the people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

**This area for improvement was made on 26 January 2024.**

#### Action taken since then

Recruitment files that we sampled had been audited and the service had sought formal reassurances for staff who did not have English as a first language. However, in general, we found that the audits had been superficial, compromising checklists for the required documents but had not sampled the quality of the documents. This ranged from missed opportunities to use interview process to capture applicant's previous care roles or interview notes that did not reflect the information supplied on application form. Some character references appeared to have been duplicated. We shared specific examples with the service.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question "How good is our staff team?"

## Previous area for improvement 3

To ensure people experience care and support that is right for them, the provider should:

- a) Ensure personal plans are up to date and should be person-centred, setting goals, outcomes and show how staff should support this.
- b) Include the person's involvement and views.

This is to ensure care and support is consistent with Health and Social Care Standards which state, "I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

**This area for improvement was made on 22 December 2025.**

### Action taken since then

This area for improvement had been made during a recent upheld complaint. We had concerns about several care plans and the meaningfulness of people's legally required six-monthly reviews. We sampled care plans across the geographical areas and found that some contained detailed information regarding people's support needs and preferences, though this was not consistent across our sample. Some supports were not clearly described, and risk assessments sampled had not been updated following incidents. Some support provided was reliant on individual staff members being aware of what was required, and information would not have been available to less familiar staff members. This creates risk for people's health and wellbeing. Six-monthly reviews did not always effectively capture people's views, with recordings being brief or incomplete.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question "How well is our care and support planned?"

## Previous area for improvement 4

To ensure people experience safe and responsive care that meets their health, safety and wellbeing needs and preferences, the provider should:

- a) Ensure staffing arrangements are sufficient to meet people's care needs.
- b) Ensure staff deployment meets agreements set out in personal plans.
- c) Ensure effective and meaningful communication when informing people of significant changes.

This is to ensure care and support is consistent with Health and Social Care Standards which state, "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event". (HSCS 4.14)

**This area for improvement was made on 22 December 2025.**

### Action taken since then

This area for improvement had been made during a recent upheld complaint. We found some recent recording improvements for visits which had required two staff members to attend. We were not aware of many missed visits but had some feedback about late visits, perhaps indicative of extensive travel made by staff. Staff shifts were often widely dispersed across geographical areas and long working hours, at times with few days off. It was not clear if there were enough staff to cover without current rota patterns.

The current rota patterns did allow for staff consistency, which people told us that they appreciated but this did not seem a sustainable staffing method. People told us of how staff deployment and visit timings had negatively affected their care and support.

Some people and relatives told us they were made aware of which staff were due to attend via the online planning system, though several people told us they had difficulties accessing this.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question "How good is our staff team?"

### Previous area for improvement 5

To ensure people experience safe and responsive care that meets their health, safety and wellbeing needs and preferences, the provider should ensure:

- a) Observations of staff practice.
- b) There is a robust quality assurance audit of staff records and training needs analysis.

This is to ensure care and support is consistent with Health and Social Care Standards which state, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

**This area for improvement was made on 22 December 2025.**

### Action taken since then

This area for improvement had been made during a recent upheld complaint. The staff had undertaken both practical training and online training, with most training completed online. Most staff had completed a high proportion of online learning, and there were examples of good individual practice. There were some examples of retraining taking place when concerns had been identified, but this was not consistently applied. However, the timing of practical training in relation to moving and assisting and medication was inconsistent, and there were limited assurances that face-to-face training and competency assessments took place before staff completed tasks.

A small number of staff had not completed a high proportion of online learning and this had not been effectively addressed. It was not clear how the service planned to action these gaps, which raised concerns about meaningful oversight of training. We found evidence of staff continuing unsafe or unassessed practices, such as undertaking supports that they had not been trained for or supporting with personal care needs not identified in people's care plans. This put people and staff at risk of harm.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question "How good is our staff team?"

### Previous area for improvement 6

To support a culture of continuous improvement, the provider should ensure they have oversight of all concerns and complaints raised, and that these are fully investigated and responded to, by following the provider's complaints policy and procedure.

This is to ensure care and support is consistent with Health and Social Care Standards which state, "My human rights are central to the organisations that support and care for me". (HSCS 4.1)

**This area for improvement was made on 22 December 2025.**

## Action taken since then

This area for improvement had been made during a recent upheld complaint. Some people did tell us that the service had acted when they raised concerns, this included taking action to accommodate people's preferences. However, it was not always clear what actions had been taken after concerns had been raised. The complaints log in place did not capture all concerns that we were aware of. We were not assured the complaints policy gave accurate information and could have deterred people or relatives contacting their local authority or the Care Inspectorate. This is a concern and a potential barrier for people/ relatives who wish to complain.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question "How good is our leadership?"

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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 leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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